

Case Number:	CM13-0050114		
Date Assigned:	03/26/2014	Date of Injury:	08/25/2004
Decision Date:	06/16/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 43 year-old female who was injured on 8/25/04. According to the 10/3/13 orthopedic report from [REDACTED], the patient's diagnoses includes: bilateral hip trochanteric bursitis; left foot valgus deformity with severe deformity of mid-foot with recent treatment with [REDACTED]; and status post talonavicular arthrodesis on 8/30/2011 for the left foot. She presents with 7/10 pain in the bilateral hips, left foot and lower back. The 10/3/13 report states she no longer has follow-up visits with her physician that was providing pain medications and that her TENS unit no longer works. On exam, hip motion is symmetric and there was tenderness at the trochanteric bursa bilaterally and left foot mid-foot region. The patient did not want surgery, so the [REDACTED] suggested conservative chiropractic care 2x4, a replacement TENS unit, and hydrocodone 5/325mg, labs including CBC liver and kidney function.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HYDROCODONE/APAP 5/325MG, #60 PRESCRIBED ON 10/18/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91-60,61.

Decision rationale: On 10/3/13, the presents with 7/10 pain in the bilateral hips, left foot and lower back. [REDACTED] notes the patient no longer sees the physician who was providing her medications for pain. [REDACTED] prescribed Norco 5/325mg #60. The prior report from [REDACTED] was dated 8/14/13, and there is no mention of medications. There are no other medical reports available for this IMR. The patient had been on pain medications in the past, but was not on medications when she saw [REDACTED] on 10/3/13 and [REDACTED] started her on Norco 5/325 for her 7/10 pain. Based on the two medical reports provided for this IMR, the request is in accordance with MTUS guidelines.

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 4 WEEKS TO THE LUMBAR SPINE AND LEFT FOOT/ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 30,58.

Decision rationale: On 10/3/13, the presents with 7/10 pain in the bilateral hips, left foot and lower back. The patient declined surgical options and [REDACTED] requested conservative chiropractic care. The review is for chiropractic care 2x4 for the lumbar spine and the left foot/ankle. There are 2 chiropractic notes dated 9/9/13 and 9/23/13 showing chiropractic treatment for the left foot. MTUS chronic pain guidelines for the chiropractic care specifically states chiropractic care is not recommended for the foot and ankle; and for the lower back, recommends a trial of 6 visits. The request as written exceeds the number of chiropractic sessions recommended for the lower back, and includes treatment of the foot/ankle which is not recommended. The request, as written, is not in accordance with MTUS guidelines.

TENS UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: According to the 10/3/13 orthopedic report from [REDACTED], the patient's diagnoses includes: bilateral hip trochanteric bursitis; left foot valgus deformity with severe deformity of mid-foot with recent treatment with [REDACTED]; and status post talonavicular arthrodesis on 8/30/2011 for the left foot. She presents with 7/10 pain in the bilateral hips, left foot and lower back. She apparently has a TENS unit that no longer works. The review is for a new TENS unit with supplies. It does not appear that the patient still meets the MTUS criteria for TENS. MTUS states TENS can be used for post-operative pain for 30-

days post-surgery. The patient's last surgery was in 2011. For Chronic pain, MTUS states TENS is for neuropathic pain, MS, CRPS, phantom limb, or spasticity from spinal cord injury. The patient is not reported to have any of these conditions. The current use of TENS is not in accordance with MTUS guidelines.

MED PANEL: CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia- Complete Blood Count (CBC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 360, Chronic Pain Treatment Guidelines Acetaminophen, Opioids Page(s): 11-12, 76-80.

Decision rationale: On 10/3/13, the presents with 7/10 pain in the bilateral hips, left foot and lower back. [REDACTED] discussed the 10/21/10 AME report from [REDACTED], noting AVN navicular and [REDACTED] finds inflammation of the trochanteric bursa. [REDACTED] started the patient on Norco 5/325mg and wanted Labs including Complete Blood Count (CBC), liver and kidney function. The last blood work was reported to be on 5/21/12 and showed normal hepatic and renal function. MTUS states ongoing monitoring of chronic pain patients on opioids shoulder includes side effects. The dose of APAP is low in this case, and it is questionable as to whether it will interfere with liver or kidney function. CBC is in accordance with MTUS for evaluating side effects of medication and in accordance with ACOEM for inflammation or potential red-flag conditions.

MED PANEL RENAL AND LIVER FUNCTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia- Chem 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; Criteria For Use Of Opioids Page(s): 11-12, 76-80. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ACETAMINOPHEN; CRITERIA FOR USE OF OPIOIDS, 11-12; 76-80.

Decision rationale: On 10/3/13, the presents with 7/10 pain in the bilateral hips, left foot and lower back. [REDACTED] discussed the 10/21/10 AME report from [REDACTED], noting AVN navicular and [REDACTED] finds inflammation of the trochanteric bursa. [REDACTED] started the patient on Norco 5/325mg and wanted Labs including Complete Blood Count (CBC), liver and kidney function. The last blood work was reported to be on 5/21/12 and showed normal hepatic and renal function. MTUS states ongoing monitoring of chronic pain patients on opioids shoulder includes side effects. The dose of APAP is low in this case, and it is questionable as to whether it will interfere with liver or kidney function. The liver and kidney function studies are in accordance with MTUS guidelines for evaluation of potential side effects of the medications.