

Case Number:	CM13-0066138		
Date Assigned:	01/03/2014	Date of Injury:	05/21/2009
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, 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 an employee of [REDACTED] and has submitted a claim for pain in joint involving ankle and foot, and neuropathy associated with an industrial injury date of 05/21/2009. Treatment to date has included two knee surgeries (2010 and 2011), right peroneal nerve repair on 09/18/2009, acupuncture, knee brace, ankle foot orthosis, Synvisc injection for the knee, and medications including Norco, Colace, Cymbalta, and Zanaflex. Medical records from 2012 to 2013 were reviewed showing that patient complained of right foot pain associated with symptoms of shocking and spasm. Pain was graded 8/10 in severity and relieved to 6/10 upon intake of medications. The patient complained of numbness at the dorsum of the right foot. The patient likewise complained of right foot pain, hyperalgesia, tingling with light touch, and painful dysesthesias throughout the right lower extremity. Physical examination of the right knee showed diffuse lateral tenderness overlying the peroneal muscle tear, as well as calf tenderness with mild swelling. Knee range of motion towards extension stopped at -18 degrees, flexion restricted at 100 degrees with mild crepitus present. There was weakness with hindfoot instability during ambulation. Active motion of lower extremity joints demonstrated symmetrical and normal values. Deep tendon reflexes were equal and symmetric. Gait was slightly antalgic and favored the right lower extremity. There was hypalgesia to light touch throughout the lateral region of the right leg from the common peroneal nerve distally across the dorsum of the right foot. Objective findings of the right ankle include moderate pain on light touch at anterior talofibular ligament, calcaneofibular ligament, and posterior talofibular ligament. Muscle strength of the right ankle was absent at the right anterior tibialis and extensor hallucis longus without flaccidity or spasm. Muscle strength was 2+/5 at the right peroneus brevis. An MRI of the right knee dated 08/01/2012 revealed lateral meniscus tear, degenerative changes in the lateral compartment and patellofemoral joint consistent with osteoarthritis with

osteochondral defect in the trochlear cartilage. EMG/NCV on 07/30/2009 revealed peroneal neuropathy proximal to the fibular head, right.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEW BALANCE SHOES FOR AFO BRACE TO FIT INTO IT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg, Footwear, knee arthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, section on Durable Medical Equipment.

Decision rationale: Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME. DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, the patient started using orthotics for the right foot as far back as 2009. A report dated 11/22/2013 stated that patient was already given the New Balance shoe however, it failed to remit his symptoms because it was too soft. The existing AFO that the patient is using also failed to control the equinus deformity. A new type of EQ/IQ brace is recommended which has a femur adjustment, knee hinge, tibia adjustment, and negative heel rocker sole. However, there is no documentation if a New Balance shoe can fit with this new brace being recommended. Furthermore, the guideline criteria as stated above have not been met since the New Balance shoe is not primarily and customarily used to serve a medical purpose and it is still useful to anyone in the absence of an injury. Therefore, the request for New Balance shoes for AFO brace to fit into it is not medically necessary and appropriate.

NORCO 10/325 MG #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated in page 78 of MTUS Chronic Pain Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Norco since 2009. The most recent urine drug screen was dated 6/27/2013 with the results in conjunction with the prescribed medication. However, the medical records provided

for review do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects from its use. MTUS Chronic Pain Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary and appropriate.

ZANAFLEX 4 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to page 63 of the MTUS Chronic Pain Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient has been taking Zanaflex since 2011; though long-term use is not recommended. In addition, there is no muscle spasm noted on the most recent progress report, dated 11/22/2013. Medical records provided for review did not show any evidence that the medication provided pain relief and if it improved functional activities. Therefore, the request for Zanaflex 4mg, #60 is not medically necessary.

COLACE 100MG #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. In this case, the patient has been on opioid treatment since 2009. Given the recent progress reports and since the concurrent opioid requests were found to be not medically necessary, prophylactic treatment for constipation is not medically necessary. Therefore, the request for Colace is not medically necessary and appropriate.