

<b>Case Number:</b>	CM14-0001243		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 56-year-old male who reported a cumulative trauma injury on 08/24/2005. The current diagnoses include status post right foot crush injury with fracture and dislocation, right lower extremity complex regional pain syndrome, open reduction and internal fixation with arthrodesis of the 1st, 2nd, 3rd, and 4th tarsal metatarsal joints, status post left shoulder rotator cuff repair on 01/21/2011, recent onset of right knee pain, cervical, thoracic, and lumbar musculoligamentous sprain/strain, secondary limp, complaints of anxiety and depression, bilateral elbow, lateral epicondylitis, and bilateral wrist tendinitis. The injured worker was evaluated on 01/03/2014. The injured worker was status post a second sympathetic block performed on 11/22/2013 with 90% improvement. The injured worker reported ongoing lower back pain with activity limitation. Current medications include Opana ER, Vicodin 5/500 mg, baclofen 20 mg, and gabapentin 600 mg. Physical examination revealed decreased tenderness to palpation with continued swelling, discoloration and hypersensitivity in the right foot. Treatment recommendations at that time included continuation of current medication and a replacement of orthopedic shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE REPLACEMENT OF ORTHOPEDIC SHOES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TABLE 14-6 SUMMARY OF

RECOMMENDATIONS FOR EVALUATING AND MANAGING ANKLE AND FOOT COMPLAINTS, CHAPTER 14-ANKLE AND FOOT COMPLAINTS, 376

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability with injured workers with plantar fasciitis and metatarsalgia. As per the documentation submitted, the injured worker requires new orthopedic shoes as the prior shoes are over 1 and a half years old and the soles are separating from the shoe. However, there is no documented evidence of any significant quantifiable functional improvement specifically attributed to prior use of orthopedic shoes. As such, the medical necessity for replacement orthopedic shoes have not been established.

**PRESCRIPTION OF VICODIN 5/500MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: HYDROCODONE/ACETAMINOPHEN, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2012. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. The injured worker continues to report persistent pain and symptoms with activity limitation. As such, the request is not medically necessary.

**PRESCRIPTION OF OPANA ER 20MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: REGARDING OPANA (OXYMORPHONE), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2012. There is no

evidence of objective functional improvement as a result of the ongoing use of this medication. The injured worker continues to report persistent pain and symptoms with activity limitation. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**PRESCRIPTION OF BACLOFEN #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: BACLOFEN, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There is no evidence of palpable muscle spasm or spasticity upon physical examination. The injured worker has utilized this medication since 10/2012. The medical necessity for the ongoing use of this medication has not been established. There is also no strength or frequency listed in the current request. As such, the request is not medically necessary.