

Case Number:	CM14-0004796		
Date Assigned:	01/24/2014	Date of Injury:	01/24/2004
Decision Date:	06/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 female with an injury reported on 01/24/2004. The worker was injured when an object fell on her right foot. The clinical note dated 12/09/2013, reported that the injured worker complained of pain to the right foot and ankle, along with low back pain. It was also reported that the injured worker complained of spasms and throbbing to the right ankle that radiated up the leg. The physical examination findings reported the injured worker's right ankle with tenderness, swelling and was discolored. The clinical note also reported that the previous steroid and anesthetic injection into the injured worker's right ankle, provided two months of 'very good' help and five months of 'tapering help'. The injured worker's diagnoses included lumbar facet syndrome, low back pain, lumbar radiculopathy, chronic pain, foot pain, and hypertension. The request for authorization was submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCO SUPPLEMENTATION INJECTIONS OF SUPARTZ TIMES THREE (X3):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines in the case of a repeat series of injections the patient must have had relief for 6-9 months with recurrence of symptoms it may be reasonable to do another series. The ODG recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline. It was noted that a previous steroid and anesthetic injection into the injured worker's right ankle provided two months of 'very good help' and five months of 'tapering help'. The ODG recommend a minimum of six months of relief is required for consideration of an additional series of injections. It did not appear the injured worker had pain relief for an adequate duration of time. There is also a lack of clinical information indicating the total amount of injections that have been provided to the injured worker's right ankle within a 5 year period. Furthermore, the ODG does not recommend hyaluronic acid injections for the ankle. Therefore, the request for viscosupplementation injections of supartz times three is not medically necessary and appropriate.

MRI OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: ACOEM states disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. According to the Official Disability Guidelines MRI provides a more definitive visualization of soft tissue structures. Indications for imaging for chronic ankle pain include if there is suspected osteochondral injury, tendinopathy, of uncertain etiology and the plain films are normal. There is a lack of documentation indicating a suspected osteochondral injury or tendinopathy to the right ankle within the medical records provided for review. The requesting physician recommended an MRI of right ankle to assess for signs of any destructive lesions prior to the viscosupplementation injections. It was unclear if the injured worker had any significant signs and symptoms of destructive lesions or significant functional deficits which would warrant imaging. Therefore, the request for an MRI of the right ankle is not medically necessary and appropriate.

DURAGESIC PATCH 50MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 74.

Decision rationale: The injured worker complained of pain to the right foot and ankle, along with low back pain. It was also reported that the injured worker complained of spasms and throbbing to the right ankle that radiated up the leg. According to the MTUS Chronic Pain Guidelines, Duragesic patches are considered a long-acting opioid, which are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia for documentation of the clinical use of these controlled drugs. The MTUS Chronic Pain Guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It is unclear if the injured worker has experienced significant pain relief with the duragesic patch due to a lack of documentation indicating the efficacy of the medication. In addition, it was unclear if the injured worker gained any additional function from the use of the pain medication. Therefore, the request is not medically necessary and appropriate.

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 74-75.

Decision rationale: The injured worker complained of pain to the right foot and ankle, along with low back pain. It was also reported that the injured worker complained of spasms and throbbing to the right ankle that radiated up the leg. According to the MTUS Chronic Pain Guidelines, Norco is a short-acting opioid which is an effective method in controlling chronic pain. They are also used for intermittent or breakthrough pain. The MTUS Chronic Pain Guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of information provided documenting the efficacy of Norco on the injured worker's pain. In addition, it was unclear if the injured worker gained any additional function from the use of the pain medications. Therefore, the request for Norco 10/325mg # 90 is not medically necessary and appropriate.