

<b>Case Number:</b>	CM14-0131908		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/27/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Practice and is licensed to practice in Mississippi and Texas. 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 46-year-old male who reported injury on 10/27/2003 when he sustained injuries to his right ankle and right foot and toe. The injured worker's treatment history includes surgery, MRI studies, x-rays, methadone injections, and medications. He was evaluated on 07/03/2014 and it was documented the injured worker complained of bilateral knee pain and right ankle pain. The injured worker was previously authorized for 6 physical therapy sessions for the right knee, he had completed 2. The left knee continued to be bothersome with pain and instability. The provider indicated the injured worker required left knee surgery once the right knee becomes stronger. The injured worker used ibuprofen and Norco to reduce pain and inflammation. The medications reduce discomfort to a level that enabled him to perform more of his activities of daily living. Objective findings in the right knee reveal well healed incisions. Range of motion was 5 to 115 degrees. Both anterior and posterior drawer tests were negative. There was no excessive varus or valgus instability. The left knee examination revealed a noticeable enlargement of the joint. Range of motion was 0 to 110 degrees. There was pain with palpation along the soleus. The injured worker was neurovascularly intact and there was no varus or valgus instability. The injured worker had a urine drug screen that was positive for opioid usage on 01/30/2014. Diagnoses included right elbow lateral epicondylitis; right elbow pain, improved; right lateral meniscectomy; right medial meniscus tear; right knee arthritis; right knee ACL with graft; and left knee arthritis. The Request for Authorization dated 06/10/2014 was for Norco. The Request for Authorization dated 06/04/2014 was for orthotic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

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

**Decision rationale:** The requested is not medical necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was urine drug screen for opioid compliance. However, there was lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency, or duration of medication. Given the above, the request for Norco 10/325 mg # 90 is not medically necessary.

**Orthotics:** Upheld

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

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

**Decision rationale:** The request for orthotics is not medically necessary. Per Official Disability Guidelines orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Per the documentation given there was no evidence that supports the injured worker had plantar fasciitis. In addition, the request lacked where orthotics is required for the injured worker. Given the above, the request is not medically necessary.