

Case Number:	CM14-0138674		
Date Assigned:	09/10/2014	Date of Injury:	09/23/2013
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 59-year-old male with a date of injury of 09/23/2013. The listed diagnoses per [REDACTED] are left ankle/foot fracture with reconstruction and infected hardware, 12/05/2013; CRPS; right knee and back strain; chronic pain; opiate tolerant; and chronic pain with associated mood disorder. According to progress report 07/02/2014, the patient presents with left heel pain with associated numbness of his left foot. The patient has a "vacuum wound" and has taken antibiotics for his infection. The patient's current medication regimen includes Percocet, BuTrans, and Lyrica. The provider is requesting a custom boot for his continued left heel pain, Pristiq 50 mg, Cialis 5 mg, and Oxycodone 10 mg #90. Utilization review denied the request on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One custom boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-2.

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

Decision rationale: This patient presents with left heel pain with associated numbness of his left foot. The provider is requesting 1 custom boot for patient's continued left heel pain. The ACOEM, MTUS and Official Disability Guidelines do not specifically discuss Custom boot. Under the foot/ankle chapter, Official Disability Guidelines has the following regarding Cast (immobilization), "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization." In this case, this patient has left heel pain and Official Disability Guidelines does not recommend casting unless there is a "clearly unstable joint." Therefore, this request is not medically necessary.

Pristiq 50mg #30 with 6 refills: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with left heel pain with associated numbness of his left foot. The provider is requesting Pristiq 50 mg #30 with 6 refills. The MTUS Guidelines on antidepressants, page 13 to 15, states "recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Given the patient documented mood disorder due to chronic pain, Pristiq may be indicated. However, the provider is requesting a refill of this medication without providing any discuss of its efficacy. MTUS page 60 requires documentation of functional improvement and pain assessment when medications are used for chronic pain. Therefore, this request is not medically necessary.

Cialis 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Erectile Dysfunction Page(s): 0007.

Decision rationale: This patient presents with left heel pain with associated numbness of his left foot. The provider is requesting Cialis 5 mg #30. The provider does not go into any details regarding patient erectile dysfunction. MTUS, ACOEM and Official Disability Guidelines do not discuss Cialis specifically. AETNA guidelines, however, requires comprehensive physical/examination and lab work-up for diagnosis of ED including medical, sexual and psychosocial evaluation. While Cialis is appropriate for ED, ED must be appropriately diagnosed. Therefore, this request is not medically necessary.

Oxycodone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with left heel pain with associated numbness of his left foot. The patient is currently not working. The provider is requesting a refill of Oxycodone 10 mg #90. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since at least 04/30/2014. In this case, the provider provides no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiate management as required by MTUS, this request is not medically necessary.