

<b>Case Number:</b>	CM14-0183768		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 47 year old with an injury date on 3/9/10. Patient complains of continued anterior lateral right foot and ankle pain exacerbated with weight bearing and the cold weather per 9/18/14 report. Patient also has complaints of low lumbar pain with some radiation to the lower extremities per 9/18/14 report. Based on the 9/18/14 progress report provided by the treating physician, the diagnoses are: 1. internal derangement, left wrist 2. S/p right subtalar joint fusion with residuals 3. psychological diagnosis 4. S/p left carpal tunnel release Exam on 9/18/14 showed "limited right ankle range of motion, with limited plantar and dorsiflexion. Painful range of motion of left hand/wrist with extension/flexion. L-spine limited range of motion with extension at 10 degrees." Patient's treatment history includes medications (currently Norco), physical therapy (completed), psychological treatment, visits with a pain management physician. The treating physician is requesting re-evaluation, and Norco 10/325mg #60 x 2 refills. The utilization review determination being challenged is dated 10/21/14 and modifies request to one visit, citing ACOEM guidelines which recommend initial follow-up every 3-5 days by mid-level practitioner or physical therapist (for ankle/foot complaints). The treating physician provided treatment reports from 4/1/14 to 9/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,405.

**Decision rationale:** This patient presents with right foot/ankle pain, lower back pain, and pain in lower extremities. The treater has asked for re-evaluation on 9/18/14, which the requesting PR-2 further clarifies as an "orthopedic re-evaluation." Patient had previous follow-up visit with the same orthopedist on 4/1/14, 5/13/14, 8/5/14, 8/24/14 and 9/18/14. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. In this case, the patient has had 5 office visits from 4/1/14 to 9/18/14, without ongoing pain in lower extremities and lumbar spine. The requested follow up appears reasonable for patient's chronic pain condition. Recommendation is for authorization.

**Norco 10/325mg #60 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60,61;76-78;88-89.

**Decision rationale:** This patient presents with right foot/ankle pain, lower back pain, and pain in lower extremities. The treater has asked for Norco 10/325mg #60 x 2 refills on 9/18/14. Patient has been taking Norco since 8/5/14. For chronic opioids use, 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. In this case, the treater does not indicate a decrease in pain with current medications which include Norco. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no

other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.