

Case Number:	CM14-0185082		
Date Assigned:	11/12/2014	Date of Injury:	10/18/2013
Decision Date:	12/30/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of October 18, 2013. A Utilization Review dated October 21, 2014 recommended certification of Tramadol 50mg QTY: 60.00 and non-certification of Apex Ambulatory Biomech B4500M and ██████████ Boss Black 9510. A Progress Report dated September 30, 2014 identifies Current Complaints of constant bilateral knee pain and bilateral ankle/foot pain. The right foot is worse since she started wearing orthotics. Objective findings identify right and left knee tenderness to palpation over the lateral joint lines and crepitus noted. Tenderness to palpation foot arch and plantar fascia and anterolateral aspect of the left ankle. Diagnoses identify left knee medial meniscal tear, left knee pain with underlying degenerative changes tricompartmental, right knee pain compensable consequence, left foot plantar fasciitis, and obesity. Treatment Plan identifies Apex Ambulatory Biomech B4500M and ██████████ Boss Black 9510 and Tramadol-APAP 50mg QTY 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apex Ambulatory biomech B4500M. QTY 1: Upheld

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

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, Orthotic Devices

Decision rationale: Regarding the request for Apex Ambulatory biomech B4500M. QTY 1, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, the patient's orthotic is noted to have worsened the patient's condition. In addition, there is no documentation that the orthosis will be needed for long-term pain control. In light of the above issues, the current request for Apex Ambulatory biomech B4500M. QTY 1 is not medically necessary.

██████████ **Boss black 9510 QTY 1:** Upheld

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

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, Orthotic Devices

Decision rationale: Regarding the request for ██████████ Boss black 9510 QTY 1, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, the patient's orthotic is noted to have worsened the patient's condition. In addition, there is no documentation that the orthosis will be needed for long-term pain control. In light of the above issues, the current request for ██████████ Boss black 9510 QTY 1 is not medically necessary.

Tramadol 50mg QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultracet (Tramadol/Acetaminophen), California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect,

objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (Tramadol/Acetaminophen) is not medically necessary.