MAXIMUS Federal Services

Case Number:	CM14-0022119		
Date Assigned:	05/07/2014	Date of Injury:	09/13/2013
Decision Date:	07/31/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old who has filed a claim for left foot pain associated with an industrial injury date of September 13, 2013. Review of progress notes indicates left foot pain upon weightbearing. The patient has the ability to bear weight. Findings include hypersensitivity and dysesthesia of the left foot with a cooler temperature, and marked tenderness under the arch. MRI of the left foot dated January 03, 2014 showed mild first MTP arthrosis with reactive marrow edema in the sesamoids. Treatment to date has included chiropractic therapy, NSAIDs (non-steroidal anti-inflammatory drugs), opioids, physical therapy, and topical analgesics. Utilization review from February 12, 2014 denied the requests for Norco 5/325 as patient reports somnolence from using this medication, and there were no benefits derived; left foot MRI as patient just had a recent MRI of the left foot; diagnostic lidocaine infusion study as there was no clear diagnosis of CRPS (chronic regional pain syndrome) or RSD (reflex sympathetic dystrophy); and left sympathetic block as the criteria have not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use and On-Going Management Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since September 2013. Patient notes that this medication causes sleepiness and tiredness. There is no documentation regarding objective functional benefits derived from this medication. Also, the requested quantity is not specified. Therefore, the request for Norco 5/325 is not medically necessary or appropriate.

Left foot MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-375.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for MRI of ankle/foot is indicated for chronic ankle pain with normal plain films and suspicion of osteochondral injury or tendinopathy, or due to uncertain etiology; and chronic foot pain with suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The requesting physician notes that a new imaging study is recommended to rule out a previously unrecognized injury. However, progress notes indicate that the patient had a left foot MRI a few days after injury that showed normal results. The patient also had a recent MRI in January 2014 showing mild first MTP arthrosis with reactive marrow edema in the sesamoids with no evidence of occult fracture or subluxation. There was no significant change in symptoms or findings since then. Another MRI of the left foot is not necessary at this time. Therefore, the request for a left foot MRI was not medically necessary.

Diagnostic Lidocaine infusion study: 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) Pain chapter, CRPS (chronic regional pain syndrome), Sympathetic Blocks (Therapeutic).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, ODG was used instead. According to ODG, IV regional anesthesia is not recommended due to lack of evidence for use. If used, there must be evidence that current CRPS criteria have been met and all other diagnosis ruled out. The reason for the necessity of this procedure over and above a standard sympathetic block should also be provided. In this case, there is no clear evidence of presence of CRPS. There is also no discussion regarding the necessity of this procedure beyond that of sympathetic blocks. Therefore, the request for diagnostic lidocaine infusion study was not medically necessary.

Diagnostic left sympathetic block: 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) Pain chapter, CRPS (chronic regional pain syndrome), sympathetic blocks (Therapeutic).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, there should be evidence that the Budapest criteria have been fulfilled, and that all other diagnoses have been ruled out. Criteria for success include sustained increase in skin temperature without evidence of thermal or tactile sensory block. In this case, the patient has not met the criteria for diagnosis of CRPS to support the necessity of this procedure. There is no documentation regarding continuous pain disproportionate to an inciting event, edema, sweating asymmetry, motor dysfunction, or trophic changes. Therefore, the request for a diagnostic left sympathetic block is not medically necessary or appropriate.