

Case Number:	CM14-0022917		
Date Assigned:	05/12/2014	Date of Injury:	01/02/2004
Decision Date:	07/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 Minnesota. 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 52-year-old male who reported an injury on 1/2/04. The mechanism of injury was not specifically stated. Current diagnoses include tenosynovitis of the foot/ankle, mononeuritis of the leg, osteochondritis dissecans, pain in a limb, and exostosis. The injured worker was evaluated on 12/4/13. The injured worker reported persistent pain in the left foot. Physical examination revealed tenderness to palpation of the fourth metatarsal base, non-pitting edema at the dorsal left mid-foot and around the left ankle, pain with left foot eversion, positive Tinel's sign in the dorsal aspect of the left foot, and positive Tinel's sign in the medial aspect of the right ankle. Treatment recommendations at that time included continuation of ankle bracing and orthopedic shoes, as well as a prescription for Norco 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325mg since July 2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

SHOE ORTHOTICS BILATERAL-CUSTOM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The injured worker does not maintain either of the above-mentioned diagnoses. There is no evidence of instability upon physical examination. There is also no documentation of objective functional improvement following the previous use of orthotics. As such, the request is not medically necessary.