

<b>Case Number:</b>	CM14-0040757		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 48-year-old male who has submitted a claim for Ankle/Foot Enthesopathy, Left Tibia-Fibula Fracture, Left Fibula Unstable Fracture, Residual Fracture Site Pain in Tibia and Fibula, Focal Multiple Neuropathies of the Sensory Nerves of the Distal Left Lower Extremity, and Impaired Sleep from Chronic Pain associated with an industrial injury date of July 9, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient reported that his ankle pain started to decrease and was better controlled. On physical examination, the patient ambulated using a cane. Gait was antalgic and wide-based. Left ankle examination revealed limited range of motion with associated crepitus. A well-healed scar was noted. Tenderness was found at the distal quarter of the fibula. Left foot examination revealed that it was not as cold or pale. The left lateral malleolus was significantly tender. The anterior tibial toe extensors were in severe spasm. There was weakness of the left lower extremity. No muscle atrophy was noted. MRI of the left ankle dated August 28, 2013 revealed a healed deformity and fractured distal tibia with irregular articular surface; removal of prior fixation hardware; no evidence of tendon pathology; chronic scarring of the talofibular and calcaneofibular ligaments; and no ligament injury. Left ankle x-rays dated February 11, 2014 revealed osteoarthritis of the tibia and Taylor articulation; maintained joint space; supinated foot type post fracture healing of the distal tibia and fibula with removed hardware; clear lateral gutter; exostosis or possible impingement from the lateral distal tibia into the fibula medially; diffuse osteopenic changes in some cystic degeneration of the tibia and distal fibula; and slight misalignment of the ankle mortise with impingement medially and minimal soft tissue swelling. Treatment to date has included open reduction and internal fixation of the right distal tibia, unspecified surgery on the left distal tibia, physical therapy, TENS unit, injections, custom orthotics, and medications including Norco 7.5/325 mg two PO prn (since at least October 2013). Utilization review from

April 2, 2014 denied the request for Telsa Magnetic Resonance Imaging (MRI) to the left ankle and foot because recent imaging studies were already performed, including an MRI and CT scan dated August 2013; and Nucynta 100mg, QTY: 30 because there was no documentation of intolerable adverse effects from first-line opioid treatment. The same utilization review modified the request for Norco 7.5/325mg, QTY: 180 to Norco 7.5/325 mg #68 for weaning purposes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Telsa Magnetic Resonance Imaging (MRI) to the left ankle and foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** According to pages 372-374 of the ACOEM Practice Guidelines referenced by CA MTUS, disorders of soft tissue yield negative radiographs and do not warrant other studies, e.g. magnetic resonance imaging (MRI). MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In this case, a recent MRI of the left ankle was already performed last August 28, 2013. The records did not clearly reflect a significant change in left ankle symptoms since then and the most recent progress note even reported a decrease in the patient's left ankle pain. There is no clear indication for a repeat MRI at this time. Therefore, the request for Telsa Magnetic Resonance Imaging (MRI) to the left ankle and foot is not medically necessary.

**Nucynta 100mg, QTY: 30: 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), Pain(Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

**Decision rationale:** CA MTUS does not specifically address tapentadol. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that tapentadol is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. In this case, the patient was taking Norco, but the records did not show findings of intolerable adverse effects with this first-line opioid. There is no clear indication for Nucynta. Therefore, the request for Nucynta 100mg, QTY: 30 is not medically necessary.

**Norco 7.5/325mg, QTY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning Of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management, page(s) 78-81 Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was being prescribed since at least October 2013 (10 months to date). However, given the 2011 date of injury, the exact duration of opioid use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. Although opioids may be appropriate, additional information would be necessary as CA MTUS require clear and concise documentation for ongoing opioid management. Therefore, the request for Norco 7.5/325mg, QTY: 180 is not medically necessary.