

<b>Case Number:</b>	CM14-0048202		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/11/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Orthopaedic Surgery, and is licensed to practice in Texas. 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 59 year-old female who sustained an industrial injury on 5/11/03. The mechanism of injury was not documented. The injured worker underwent a lumbar decompression and fusion from L3 to the sacrum with pedicle screws on 10/1/09. She developed a staph infection at the surgical site and underwent a second surgery on 11/1/09. She had some relief with surgery but suffered continued spasms, shooting pain, and worsening groin pain. She was diagnosed with failed back syndrome, chronic pain syndrome, complex regional pain syndrome, and left lower extremity foot drop. Diagnoses also included healed ankle fracture with osteoarthritis, meniscal tears in the knee, bilateral knee osteoarthritis, and urinary incontinence. Records indicated a history of narcotic addiction with Methadone treatment in 2010. Celebrex, Tramadol, and Norco have been prescribed since at least 5/24/10. Urine drug screens performed on 8/19/13, 10/2/13, and 1/28/14, were inconsistent with prescribed (and dispensed) medications. Tramadol was not detected on any of these urine drug tests. Morphine was detected but not reported as prescribed on 1/28/14. There was no documentation in the records of quantified pain relief, objective measurable functional improvement, or quality of life indicators. There is significant functional difficulty documented in independent ambulation, for which she used bilateral canes. The 3/25/14 treating physician report cited ungraded low back and bilateral lower extremity pain, and severe right heel pain. A physical exam documented weakness and restricted range of motion, but did not provide location or specifics. Straight leg raise was positive, and gait was antalgic. Plantar fasciitis was documented. The treatment plan recommended and dispensed Celebrex, Norco, Ultram, and Valium. A magnetic resonance imaging (MRI) of the right heel was requested to rule-out calcaneal spur. A right foot brace for plantar fasciitis and urine toxicology screen were also requested. The injured worker was off work. Records suggested that this is the initial prescription of Valium. The 4/2/14 utilization review certified the

request for Celebrex. The requests for Norco and Ultram ER were denied as there was no evidence of objective or subjective improvement. The request for Valium was denied as there was no guideline support for on-going treatment. The request for urine toxicology screen was denied as twice yearly drug screens were appropriate for established injured workers. The request for right heel magnetic resonance imaging (MRI) was denied as not supported by guidelines for use when plantar fasciitis is suspected in this injured worker population and in the absence of supportive clinical presentation. The request for right foot brace for plantar fasciitis was denied as there was no support for bracing in the absence of an unstable joint.

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

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for on-going use. Norco has been prescribed since at least 5/24/10 for chronic pain. The injured worker appears to be using Norco on a consistent basis as documented by urine drug screens. However, there is no documentation in the records of reduced pain, increased function, or improved quality of life. Previous utilization reviews have denied the on-going use of Norco based on an absence of documented subjective or objective benefit. There is no concern for medication weaning, as this medication was dispensed. Therefore, this request is not medically necessary.

**Ultram ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list, Tramadol (Ultram) Page(s): 76-80, 91-9.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) indicates that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line medication. If it is used

on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met. This medication has been prescribed since at least 5/24/12 for chronic pain. Prior urine drug testing on 8/19/13, 10/2/13, and 1/28/14 indicated that the injured worker was not using this medication, despite it being dispensed. There is no documentation relative to the benefit of this medication. Therefore, this request is not medically necessary.

**Valium 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of medications Page(s): 24, 124.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that benzodiazepines, such as Valium, are used to decrease spasticity in conditions such as cerebral palsy, muscular sclerosis, and spinal cord injuries (upper motor neuron syndromes). Guidelines do not recommend the long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Guidelines limit their use to 4 weeks and indicate that they are the treatment of choice in very few conditions. Guideline criteria have not been met. There is no documented rationale for the prescription of Valium on 3/25/14. Previous use of Valium is not documented in the records provided for review. Prior urine drug testing was negative for benzodiazepines. There is no compelling rationale to support the medical necessity of Valium for this injured worker in the absence of guideline support. Therefore, this request is not medically necessary.

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) supports the use of urine drug screening in injured workers using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the injured worker has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for injured workers considered at low risk for adverse events or drug misuse. Those injured workers at intermediate risk are recommended to have random testing 3 to 4 times a year. Injured workers at high risk for adverse events/misuse may at a

frequency of every other and even every visit. Guideline criteria have been met. This injured worker has a history of narcotic addiction and the past three urine drug screens have been inconsistent with prescribed medications. The injured worker also appears to have poor pain control. The last urine drug screen was 2 months prior on 1/28/14. Given the high risk and documented inconsistencies, urine drug screen every 2 months is appropriate. Therefore, this request is medically necessary. The previous denial did not document consideration of the patient's history of habituation or the inconsistencies in the last three reported urine drug screens.

**Brace for Right Foot: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376, Chronic Pain Treatment Guidelines Ankle and Foot Complaints Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Bracing (immobilization)

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that rigid orthotics (full shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for injured workers with plantar fasciitis. Guidelines do not support the prolonged use of bracing without exercise. The Official Disability Guidelines do not recommend bracing in the absence of a clearly unstable joint. Guideline criteria have not been met for this use of bracing for treatment of plantar fasciitis. There is no current clinical evidence of plantar fasciitis or an unstable foot/ankle joint. There is no evidence that this injured worker is participating in an exercise program. Therefore, this request is not medically necessary.

**MRI of Right Heel: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot & Ankle (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375, Chronic Pain Treatment Guidelines Foot and Ankle Complaints Page(s): 7.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of radiography for the diagnosis of heel spurs. The use of magnetic resonance imaging (MRI) is not recommended to identify and define this pathology. In the absence of guideline support, this request is not medically necessary.