

Case Number:	CM14-0065461		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2013
Decision Date:	09/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 has a date of injury listed as September 11, 2013. Her diagnoses include calcaneal stress fracture, calcaneal spur, abnormality of gait, mononeuritis of lower limb, plantar fasciitis. The injured worker was treated initially with the mobilization with a straight leg cast and bilateral low intensity shockwave treatment. Because of the chronicity of the complaints labs were ordered including a C-reactive protein (CRP), sedimentation rate, liver panel, and a basic metabolic panel on March 13 of 2014. The CRP was mildly elevated that the rest the studies were not abnormal. There was a request later to repeat the lab studies to rule out infection or inflammation. Vicoprofen was prescribed for pain although I review of the office notionally treating provider is generally lacking concerning directions for use and quantities of Vicoprofen. Her physical exam findings revealed tenderness over the medial calcaneal tubercles, normal lower extremity strength, a positive straight leg raise sign. She was referred to have her lumbar region examined to consider the possibility of lumbar disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200 mg: 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 Chronic Pain Treatment Guidelines <Opioids> Page(s): 76-78.

Decision rationale: Per the California Chronic Pain Medical Treatment Guidelines, a number of criteria have been established for the use of opioids. When establishing a treatment plan it must be ascertained if there are alternatives to opioid treatment including non-opioids, if there is a likelihood of abuse or adverse outcome, and if the history and physical findings are consistent with the subjective complaints. A therapeutic trial opioid should not be employed until the patient has failed a trial of non-opioid agents. Before initiating therapy, the patient should set goals, and the continued use of opioid should be contingent on meeting these goals. An assessment of the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function should be undertaken. After opioids have been initiated, a number of actions are required. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response treatment may be indicated by the patient's decreased pain, increase level of function, or improve quality of life. In this instance, not only were the above criteria are not satisfied, but directions regarding the use of the Vicoprofen cannot easily be ascertained from the chart notes, and the request does not specify a quantity of Vicoprofen. Therefore, the prescription of Vicoprofen 7.5/200 as requested above is considered not medically necessary.

Repeat Laboratory Studies: Upheld

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

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

Decision rationale: The injured worker had labs drawn on March 13, 2014 to include a CRP and sedimentation rate which are indicators of infection or inflammation, a CBC, liver panel, and metabolic panel. The rationale for doing so was the chronicity of the discomfort and to rule out infection or inflammation. Those results revealed a mildly elevated CRP but otherwise were normal. A repeat request for the same labs was submitted on April 15, 2014. Per the above guidelines, laboratory investigation may be indicated when symptoms persist in the ankle or foot beyond a month after conservative treatment has been initiated. In this instance, there seems to be no stated rationale for the repeating of the liver panel and metabolic panel. Neither a liver panel nor a metabolic panel can generally indicate general inflammatory or infectious conditions. Therefore, repeating a CRP, sedimentation rate, liver panel, and metabolic panel as a totality cannot be considered medically necessary.