

Case Number:	CM14-0070946		
Date Assigned:	07/14/2014	Date of Injury:	06/15/2002
Decision Date:	08/13/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational Medicine 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 48 year old female who had worked related injury on 06/15/02. She was getting out of a car at work, her right foot stepped into a crack and she suffered an inversion sprain, strain to the lateral column of the right foot which resulted in peroneal cuboid syndrome. The injured worker had MRI of her left foot on 12/12/02 which confirmed subchondral edema at the base of the cuboid with increased intensity at the attachment of the ligaments at the base of the cuboid and over the plantar ligaments. No acute fracture was seen. The patient was treated with a cam walker immobilizer and bone growth stimulator. The injured worker underwent injections, had orthotics made, and she noted some improvement. Per the 04/29/14 progress report, the patient reported bilateral foot and ankle pain, which only responded to regular treatment and medication. Objective findings included bilateral foot and ankle swelling and tenderness with radiating nerve pain into the lateral aspects of both feet. The injured worker was diagnosed with neuritis, ankle sprain, and tendinitis. Status was permanent and stationary and she was at maximum medical improvement. No documentation of pain on a visual analog scale with and without medication, and no documentation of functional improvement. Recent treatment included nerve blocks and medication management. Request has been for Norco 10 325 between 04/29/14 and 07/05/14. One nerve block of the sural nerve, anti-inflammatory injections of the peroneal longus and brevis tendon sheaths, and peroneal cuboid articulation bilaterally for date of service 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg between 4/29/14 and 7/05/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for was for Norco 10 325 between 04/29/14 and 07/05/14 is not medically necessary. The clinical documentation does not support the request for Norco. No documentation of pain on a visual analog scale with and without medication, and no documentation of functional improvement. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

1 Nerve block of the sural nerve , anti-inflammatory injections of the peroneal longus and brevis tendon sheaths, and peroneal cuboid articulations bilaterally for date of service 4/29/14: 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) Foot and Ankle Chapter, Injections (corticosteroid).

Decision rationale: The request for one nerve block of the sural nerve, anti-inflammatory injections of the peroneal longus and brevis tendon sheaths, and peroneal cuboid articulation bilaterally for date of service 04/29/14 is not medically necessary. The injured worker has been getting temporary relief at best, she has had a number of injection over the years, as such medical necessity has not been established.