

<b>Case Number:</b>	CM14-0071383		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/28/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

This 54 year-old patient sustained a right ankle injury on 8/28/11 while employed by [REDACTED]. The patient is s/p right ankle ORIF with hardware. Diagnoses include plantar fasciitis and Achilles tendon tightness. Request(s) under consideration include Vicodin 7.5/300 mg #61 and 12 Acupuncture visits. Report of 4/8/14 from the provider noted the patient doing "ok" from physical therapy; however with continued chronic ankle pain and issue of vertigo. Exam showed lower extremity rang with DF of 10/15 degrees on right/left; Plantar flexion of 25/30 degrees on right/left. Medications list Vicodin and Neurontin. Treatment included ortho f/u and pain management consult, and medication refill along with acupuncture. Request(s) for Vicodin 7.5/300 mg #61 was partially-certified for quantity 45 and 12 Acupuncture visits was non-certified on 4/19/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg #61:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This 54 year-old patient sustained a right ankle injury on 8/28/11 while employed by [REDACTED]. The patient is s/p right ankle ORIF with hardware. Diagnoses include plantar fasciitis and Achilles tendon tightness. Request(s) under consideration include Vicodin 7.5/300 mg #61 and 12 Acupuncture visits. Report of 4/8/14 from the provider noted the patient doing "ok" from physical therapy; however with continued chronic ankle pain and issue of vertigo. Exam showed lower extremity rang with DF of 10/15 degrees on right/left; Plantar flexion of 25/30 degrees on right/left. Medications list Vicodin and Neurontin. Treatment included ortho f/u and pain management consult, and medication refill along with acupuncture. Request(s) for Vicodin 7.5/300 mg #61 was partially-certified for quantity 45 and 12 Acupuncture visits was non-certified on 4/19/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Vicodin 7.5/300mg #61 is not medically necessary and appropriate.

**12 Acupuncture visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG-Pain management, Foot & Ankle (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

**Decision rationale:** This 54 year-old patient sustained a right ankle injury on 8/28/11 while employed by [REDACTED]. The patient is s/p right ankle ORIF with hardware. Diagnoses include plantar fasciitis and Achilles tendon tightness. Request(s) under consideration include Vicodin 7.5/300 mg #61 and 12 Acupuncture visits. Report of 4/8/14 from the provider noted the patient doing "ok" from physical therapy; however with continued chronic ankle pain and issue of vertigo. Exam showed lower extremity rang with DF of 10/15 degrees on right/left; Plantar flexion of 25/30 degrees on right/left. Medications list Vicodin and Neurontin. Treatment included ortho f/u and pain management consult, and medication refill along with acupuncture. Request(s) for Vicodin 7.5/300 mg #61 was partially-certified for quantity 45 and 12 Acupuncture visits was non-certified on 4/19/14. Review indicated the patient has completed at least 18 acupuncture visits in 2012 and 2013 without evidence of functional improvement.

MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. However, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and has not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective neurological changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 12 Acupuncture visits are not medically necessary and appropriate.