

<b>Case Number:</b>	CM14-0072297		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/13/2005
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year old female was reportedly injured on 6/13/2005. The mechanism of injury is undisclosed. The most recent progress note, dated 7/25/2014. Indicates that there are ongoing complaints of left foot/ankle pain. The physical examination demonstrated left antalgic gait, ankle/foot midfoot planus, forefoot adduction, positive tenderness to palpation left side global tenderness to light touch, dorsiflexion 5 degrees, inversion/eversion 0 degrees, and sensory motor exam within normal limits. Xrays left foot same data service reveals status post triple arthrodesis, midfoot and chopart JSN, osteophytes. Previous treatment includes surgery, medications, and conservative treatment. A request was made for Flexeril 10 milligrams quantity ninety, new pair of shoes, Zohydro extended release (ER) 20 milligrams quantity sixty, and was not certified in the preauthorization process on 5/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg number ninety (#90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain, but advises against long term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Zohydro ER 20mg number sixty (#60):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

**Decision rationale:** Zohydro is extended release (Hydrocodone) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for this medication is not medically necessary.

**New Pair Shoes:** 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) ODG 2014 SHOES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic) Foot Wear. Updated 8/25/2014.

**Decision rationale:** Official Disability Guidelines (ODG) guidelines state issues are recommended as an option patients with knee osteoarthritis. After review the medical records provided is noted individual has midfoot planus and forefoot adduction. According to guidelines the injured worker does not meet criteria for new shoes. Therefore this request is deemed not medically necessary.