

Case Number:	CM14-0076468		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2002
Decision Date:	08/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

The injured worker is a 79-year-old female who reported an injury on 07/18/2002. The mechanism of injury was not specifically stated. The current diagnoses include right posterior tibial tendonitis, right ankle degenerative joint disease, and right hallux valgus. The injured worker was evaluated on 05/12/2014 with an improvement in symptoms. It is noted that the injured worker completed additional sessions of acupuncture treatment. Physical examination revealed slightly limited dorsiflexion, decreased tenderness over the right posterior tibialis tendon, decreased right ankle swelling, hallux valgus deformity, negative tenderness, and diminished strength. The injured worker also demonstrated mild left ankle swelling. Treatment recommendations at that time included custom molded longitudinal arch supports and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded longitudinal arch supports: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The injured worker does not maintain either of the above mentioned diagnoses. There is also no documentation of a significant musculoskeletal or neurological deficit upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.

Norco 5/325 mg one tablet QHS PRN pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013. There is no documentation of objective functional improvement. There is also no documentation of a written pain consent or agreement for chronic use. As such, the request is not medically necessary.

Lidoderm 5% patch, 1-2 patches x 12 hours QD PRN pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a failure of first line therapy with antidepressants and anticonvulsants. There is no documentation of localized peripheral pain or neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication. Based on the clinical information received, the request is not medically necessary.