

Case Number:	CM14-0076876		
Date Assigned:	09/18/2014	Date of Injury:	05/13/2010
Decision Date:	10/16/2014	UR Denial Date:	05/22/2014
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 patient is a 57-year-old male, who has submitted a claim for fracture closed; plantar fasciitis; neuroma; equines deformity and osteoarthritis associated with an industrial injury date of May 13, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain and bilateral ankle and foot pain. Physical examination of the right and left foot revealed tenderness with no acute erythema or swelling. Treatment to date has included Norco (since May 2014), naproxen, diclofenac, losartan, metformin, simvastatin, voltaren and ankle surgery (2010). Utilization review from May 22, 2014 denied the request for Norco 5/325mg, # 50, with 1 refill because opioids are not intended for long-term use. The request for physical therapy 3 times a week for 4 weeks to the left foot was also denied because the request is not reasonable as patient had the injury in 2010 and surgery in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, # 50, with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, given the 2010 date of injury, it was not clear whether the patient was given prior prescriptions of opioids. The earliest progress report submitted for review citing prescription of Norco was May 2014. However, no pain contract and pain management plan have been made with regards to opioid therapy. There was no evidence of pain relief or functional improvement from medication use. Thus, the four domains of opioid therapy were not met. The medical necessity cannot be established due to insufficient information. Therefore, the request for Norco 5/325mg # 50, with 1 refills is not medically necessary.

Physical therapy 3 times a week for 4 weeks to the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot Chapter, Physical Therapy

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. As stated on ODG, exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. In this case, the patient was prescribed PT 3x a week for 4 weeks to the left foot. The patient had his metal removal of the left ankle last 2010. Progress notes did not indicate how many sessions of physical therapy the patient had post-surgically and did not indicate the request and rationale for the PT. There was insufficient data to justify the need for PT. Therefore, the request for Physical Therapy 3 times a week for 4 weeks to the left foot is not medically necessary.