

Case Number:	CM14-0201232		
Date Assigned:	12/11/2014	Date of Injury:	11/02/2013
Decision Date:	01/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine and is licensed to practice in New York. 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 46 year old male with a date of injury of 11/02/2013. That day he slipped and fell off a ladder 15 feet above the ground and sustained a left foot/ankle fracture. He had a left old tibia/fibula fracture in the same area in 2001 (bimalleolar fracture) from a dirt bike accident. On 12/27/2013 he was 7 weeks post open reduction internal fixation of the left calcaneus fracture (ORIF was on 11/09/2013). He was followed by the podiatric surgeon. X-ray that day revealed good bony alignment and consolidation progress. The cast was re-applied and he was weight bearing. On 04/21/2014 he was already walking without a cane and with no boot. He was doing his home exercise program. He was doing well and the pain was at the expected level. He was taking Norco. On 05/30/2014 his walking endurance had improved. He remained home out of work because there was no modified duty. He was going to purchase arch supports which he used previously. He was still using Norco twice a day and Mobic was added in an attempt to reduce the dose of Norco. On 06/18/2014 it was noted that he continued physical therapy. He felt the therapy was no longer helping much. He had reduced left ankle range of motion. On 07/22/2014 his gait was improving. He had heel pain with increased lifting and with increased walking speed. On 09/02/2014 he had an antalgic gait. He had a healed surgical scar. He had crepitation with flexion and extension. On 10/23/2014 he had an orthopedic evaluation. He had MRI of the foot and ankle on 10/08/2014. The MRI of the foot was unremarkable. The MRI of the ankle revealed degenerative changes. He had a lot of pain with prolonged walking, prolonged standing and heavy lifting. There was no instability. He was 5'9" tall and weighed 209 pounds. There was tenderness and swelling of the left ankle. He had decreased range of motion. Fluoroscans that day revealed a well healed fracture of the calcaneus. There was post traumatic arthritis with loose bodies in the tibiotalar joint. This joint was injected with lidocaine that day. He had dramatic and complete relief of pain. The patient was to consider arthroscopic

debridement of the ankle. On 10/31/2014 he ambulated with a cane. He had tenderness of the great toe and first metatarsal. There was some pain with foot plantar flexion and dorsiflexion. Imaging studies suggested arthritis changes from the old and new fractures in the same area. The pain appears to be due to the previous calcaneal fracture in the left ankle. He had another orthopedic evaluation on 11/19/2014 and again surgical debridement or fusion was offered and the patient refused. There was no ankle instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 IME and Consultation, page 127.

Decision rationale: The patient has already been evaluated by a podiatrist and orthopedist and has post traumatic arthritis in the joint. Of note, his symptoms were completely cured in the office after a diagnostic injection of lidocaine in the orthopedist office. There is no issue with the diagnosis. He had an old fracture of the left ankle in 2001 and now this repeat left ankle fracture. He has post traumatic left tibiotalar joint arthritis with loose bodies. The treatment of this weight bearing joint is debridement and removal of the loose bodies. If that is not successful the treatment is fusion of the joint. This is not an issue with pain management as the patient weighs 209 pounds and is walking, standing and lifting on a joint with loose bodies. The patient does not meet criteria for a pain management consultation as outline on page 127, ACOEM chapter 7.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78-79.

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) page 78, 4) On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information

from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. (Passik, 2000)

(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.

(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.

(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).

(g) Continuing review of overall situation with regard to nonopioid means of pain control.

(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. There is insufficient documentation to substantiate that he meets the above criteria for on-going treatment with opiates. Also, the use of opiates may be delaying curative treatment with the orthopedist. The fracture is healed and he has post traumatic arthritis in a weight bearing joint.