

Case Number:	CM15-0003846		
Date Assigned:	01/14/2015	Date of Injury:	10/30/2006
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old man sustained an industrial injury on 10/30/2006 resulting in low back pain. The mechanism of injury is not detailed. Current diagnoses include tendinoligamentous injury to the right elbow and wrist, lateral epicondylitis to the right elbow, right cubital tunnel syndrome, and right carpal tunnel syndrome. Treatment has included oral medications. Physician notes dated 11/6/2014 show no change in condition. Recommendations include refilling medications, modified work duties, and a follow up appointment in four weeks. However, it appears that the worker has had "bilateral shoe orthotics" listed under medications since a visit on 4/7/2014. No mention is made of the worker's feet in the physical examination. On 12/30/2014, Utilization Review evaluated a prescription for orthotic shoes, that was submitted on 1/8/2015. The UR physician noted that orthotics have been recommended for plantar fasciitis and foot pain associated with rheumatoid arthritis, however, the worker does not have a documented diagnosis of either of these. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoe Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Orthotic Devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle section, Orthotics

Decision rationale: Pursuant to the Official Disability Guidelines, shoe orthotics are not medically necessary. Orthotic devices are recommended for plantar fasciitis and for the pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). In this case, the injured worker's working diagnoses are Tendinoligamentous injury, right elbow; lateral epicondylitis, right elbow; cubital tunnel syndrome right elbow; tendinoligamentous injury; right wrist; and carpal tunnel syndrome, right wrist. Subjectively, the injured worker complains of low back pain. Pain is 5/10 and increases to 8/10 frequently. There are no subjective complaints related to the feet. Objectively cervical spine examination is normal. There was no lumbosacral spine examination. There was no examination of the feet bilaterally. There were no braces or assistive the devices used. Motor strength was normal in the upper and lower extremities. There was no clinical documentation in the medical record referencing the feet. Consequently absent clinical documentation referencing the feet, orthotic devices are not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, shoe orthotics are not medically necessary.

Percocet 10/325mg, #90, prescribed 10/2/04: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #90 date of service October 2, 2014 is not medically necessary. Chronic, ongoing opiate abuse requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are tendinoligamentous injury, right elbow; lateral epicondylitis, right elbow; cubital tunnel syndrome right elbow; tendinoligamentous injury; right wrist; and carpal tunnel syndrome, right wrist. Subjectively, the injured worker complains of low back pain. Pain is 5/10 and increases to 8/10 frequently. There are no subjective complaints related to the feet. Objectively cervical spine examination is normal. There was no lumbosacral spine examination. The documentation indicates Percocet was prescribed as far back as April 7, 2014. This is the earliest progress note in the medical record and not necessarily the start date for Percocet. The documentation does not contain evidence of objective functional improvement associated with ongoing Percocet use. Additionally, there are no risk assessments or detailed pain assessments accompanying ongoing Percocet use. Consequently,

absent clinical documentation with objective functional improvement to support the ongoing use of Percocet, Percocet 10/325 mg #90 date of service October 2, 2014 is not medically necessary.