

Case Number:	CM15-0003919		
Date Assigned:	01/14/2015	Date of Injury:	10/10/2012
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female with an industrial injury date of 10/10/2012 documented as a twisting injury to her knees and ankles. She presented for follow up on 11/20/2014. The injured worker stated her pain level was a 4 on a scale of 1-10 with 10 being the worst. She complained of soreness, stiffness and swelling of bilateral knees, with limited range of motion and a limping ambulation. Physical exam showed bilateral antalgic gait with pain on palpation of bilateral knee. She had full range of motion of both knees. McMurray's and Steinman's test were positive. Bilateral foot and ankle exam revealed marked tenderness. MRI of the left ankle showed anterior talofibular ligament is not well visualized and may be normal but thin, spurring at anterior dorsal talus, consistent with arthritis, small subtalar effusion, some thickening of the medial plantar fascia with small insertional spur with no marked inflammatory changes noted and mild thickening and signal hyper intensity at the distal Achilles tendon insertion where there is also insertional spur. Findings consistent with mild tendinosis without marked inflammatory changes. MRI of the left knee showed no meniscal or ligament tear noted with narrowing and small marginal spurs at the peripheral medial compartment, consistent with osteoarthritis. MRI of the right knee showed small joint effusion, medial meniscus showed small anterior and posterior horns with relatively smooth margins. Finding may be consistent with previous partial resection. Differential diagnosis would include chronic degenerative tears. The lateral meniscus and ligaments appear intact. MRI of the right ankle showed mild dorsal talonavicular spurring, small subtalar effusion, small plantar calcaneal spur at plantar fascial insertion. Thickening of the medial band of the plantar fascia, but no tear or inflammatory

change identified. The ligaments and tendons at the ankle appear intact. All of the above tests were done on 10/17/2014. Diagnoses were bilateral knees instability and bilateral ankles instability. On 12/10/2014 Utilization Review non-certified the request for Norco 10/325 # 60 noting documentation does not identify measurable analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. There is no documentation of urine drug screen performed to monitor compliance and screen for aberrant behavior and no documentation of a signed opiate agreement. Urine toxicology screen was also non-certified. MTUS was cited. The request for heel cups was also non-certified noting heel pads are recommended as an option for plantar fasciitis but not for Achilles tendonitis. In this case there is no diagnosis of plantar fasciitis. Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 80, 124, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids. Medications for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 11/20/2014 report, this patient presents with a 4/10 bilateral knee. The current request is for Norco 10/325mg #60. This medication was first mentioned in the 06/05/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. However, there is no documentation provided discussing functional improvement, ADL's or returns to work. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's-analgesia, ADL's, adverse side effects, adverse behavior as required by the MTUS. Therefore, the request is not medically necessary.

Heel Cups: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle chapter: heel pads

Decision rationale: According to the 11/20/2014 report, this patient presents with a 4/10 bilateral knee. The current request is for Heel cups "to reduce pain, shock absorption and for heel protection." Regarding heel pads, the ODG guidelines states "Recommended as an option for plantar fasciitis, but not for Achilles tendonitis." In reviewing the provided reports, the treating physician documents that MRI of the bilateral ankle on 10/17/2014 show "Some thickening of the medial plantar fascia, with small insertional spur. No marked inflammatory changes noted" on the left and "small plantar calcaneal spur at plantar fascial insertion. Thickening of the medial band of the plantar fascia" is noted on the right. In this case, the patient has pain and thickening of the bilateral "plantar fascia." The requested heel pads is medically necessary.