

<b>Case Number:</b>	CM15-0007259		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Pennsylvania, Ohio, 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 41 year old female, who sustained an industrial injury to her left foot on 4/25/13. She has reported pain and limited range of motion to left ankle. The diagnoses have included plantar fasciitis left foot, Achilles enthesopathy and posterior tibial tendinitis. Treatment to date has included medications, hot and cold packs, joint wrap, physical therapy, walker cortisone injections to left heel, flex foot strap, orthotic and Home Exercise Program (HEP). Currently, the IW complains of constant pain to left foot with any attempted repetitive weight bearing activities. She rates the pain 6/10 at rest and 8/10 with any attempted repetitive weight bearing activities. She also complains of persistent low back and left shoulder pain. The physical exam revealed left calf atrophy with edema noted bilateral ankles left more than right. There is tenderness at the plantar medial aspect left heel at the origin of the plantar fascia. There was tenderness at the medial aspect left heel with positive Tinel's that radiates to the fifth digit left foot consistent with Baxter nerve entrapment. There is also tenderness noted at the Achilles tendon. Magnetic Resonance Imaging (MRI) of left foot and ankle on 12/13/14 revealed chronic fasciitis bilateral left greater than right, Achilles insertional tendinitis bilaterally, traumatic neuromas, tarsal tunnel syndrome and bilateral lateral column syndrome arthralgia. Treatment was for medications, night splinting and physiotherapy rehab visits. On 1/9/15 Utilization Review non-certified a request for Retro DOS 12/18/14 Norco 10/325mg QTY: 45.00, noting the request fail to provide any new interval information that would meet the guideline recommendations. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro DOS 12/18/14 Norco 10/325mg QTY: 45.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Criteria for use of Opioids, When to conti.

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

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. The records do not document benefit from opioids not achievable or achieved through non-opioid first-line treatment options. Therefore this request is not medically necessary.