

Case Number:	CM15-0132024		
Date Assigned:	07/20/2015	Date of Injury:	05/17/2012
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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:

The injured worker is a 35-year-old female, with a reported date of injury of 05/17/2012. The mechanism of injury was a slip and fall. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include herniated lumbar disc, low back pain, leg pain, joint pain, and left ankle sprain. Treatments and evaluation to date have included acupuncture, oral medications, a home exercise program, physical therapy, an H-wave unit, a weight loss program, chiropractic care, a CAM walker, and a series of two epidural injections. According to the medical report dated 08/13/2013, the diagnostic studies to date have included an MRI of the lumbar spine on 09/16/2012 which showed some degenerative changes at L4-5 and L5-S1 and an L5-S1 dorsal annular fissure; x-rays of the lumbar spine with normal findings; and x-rays of the left ankle with normal findings. The medical report dated 04/19/2013 indicates that the injured worker had a bone scan of the pelvis, lumbar spine, and hips which showed unremarkable findings of the pelvis and bilateral hips, and no evidence of abnormal radiotracer accumulation. The progress report dated 05/27/2015 indicates that the injured worker continued to complain of low back pain and left ankle pain. She described the pain as burning and stabbing with prolonged activity. The injured worker's pain remained the same with no changes since the last follow-up appointment. It was noted that she was unable to work due to her injuries and pain. The injured worker had moderate-to-severe limitation with activities of daily living. The objective findings include some swelling of the lateral aspect of the left ankle, decreased lumbar range of motion with pain, and pain to palpation at L4-5 and L5-S1. The treating plan included left ankle prosthesis for the left ankle sprain, to help with the swelling and left ankle pain; and

the renewal of Norco. The injured worker was not working at that time. Follow-up was planned for one month. The progress report dated 04/23/2015 indicates that the injured worker continued to complain of low back pain and lower extremity pain. It was noted that a recent urine toxicology test, dated 03/02/2015 was negative for Norco. The injured worker stated that there was a delay in getting her pain medication and she did not have any Norco prior to the test. The injured worker was not working at that time. The treating physician requested left ankle orthosis and Norco 10/325mg #120, one tablet by mouth four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, 371 & 376.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that if treatment response is not adequate, prescribed medications or physical methods can be added. The guidelines also indicate that rigid orthotics may reduce pain felt during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The injured worker was diagnosed with a left ankle sprain and left ankle injury. For appropriate diagnoses, rigid orthotics are recommended. The non-MTUS Official Disability Guidelines (ODG) recommend ankle orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. There is no evidence that the injured worker had been diagnosed with plantar fasciitis, metatarsalgia, or rheumatoid arthritis. The request does not meet guideline recommendations. Therefore, the request for left ankle orthosis is not medically necessary.

Norco 10/325mg #120, one tablet by mouth four times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 08/13/2013. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as

recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The injured worker was not working. A random drug test was performed on 04/22/2015 and was negative for Norco. The injured worker signed a pain contract on 04/09/2015. It was noted that she was not abusing narcotic and was taking them as prescribed. It was confirmed that the injured worker was getting the pain medication at only one pharmacy. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.