

Case Number:	CM15-0166229		
Date Assigned:	09/03/2015	Date of Injury:	09/17/2008
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56-year-old male with an industrial injury dated 09-17-2008. A review of the medical records indicates that the injured worker is undergoing treatment for right ankle pain, left foot pain, complex regional pain syndrome (CRPS), and osteoarthritis and neuralgia, neuritis and radiculitis. Treatment consisted of Magnetic Resonance Imaging (MRI) on 5-2015, surgical procedure of right foot, left bunionectomy and left third intermetatarsal space neuroma excision, prescribed medications, and periodic follow up visits. Medical Records (05-04-2015 to 06-22-2015), the injured worker reported worsening chronic right ankle pain, and pain in the right arch. The injured worker also reported cramping and pain in his left forefoot, worse at the end of the day. The injured worker rated pain level a 5-6 out of 10. Right foot exam (05-04-2015 to 06-22-2015) revealed pain and stiffness in dorsiflexion of the right ankle and globally tender to palpitation. Left foot revealed decreased skin color and temperature with hyperhidrosis. Records indicate that the Magnetic Resonance Imaging (MRI) report from May of 2015 revealed cystic changes on tibia with osteochondral defects in central groove of right talus. The treating physician reported the discussion of a right ankle fusion or implant and the injured worker was not interested at that time. The treating physician prescribed services for purchase of AFO Ankle Brace for right foot and Hydrocodone - APAP 7.5-325mg #100, now under review. Utilization Review determination on 08-14-2015 denied the request for purchase of AFO Ankle Brace for right foot and Hydrocodone - APAP 7.5-325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - APAP 7.5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone several months without pain score reduction notation. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.

Purchase of AFO Ankle Brace for right foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, Physical Methods, Activity Alteration.

Decision rationale: According to the guidelines, immobilization is recommended in the acute phase of injury of the ankle. Orthotics may be used for appropriate diagnoses. Prolonged bracing is not recommended without exercise due to risk of debilitation. In this case, although the claimant may benefit from the brace, there was no mention on length of use. There was no mention of existing exercises to assist with range of motion. As a result the AFO brace was not justified and not medically necessary.