

Case Number:	CM15-0180511		
Date Assigned:	09/22/2015	Date of Injury:	09/22/2012
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 57 year old male, who sustained an industrial injury on September 22, 2012. The injured worker was diagnosed as having status post open reduction with internal fixation to the left distal tibia, status post open reduction with internal fixation of the left ankle, status post fibula fracture, left calcaneus fracture, left knee osteoarthritis and medial femoral condyle osteochondral, status post left knee arthroscopy surgery, and lumbar five to sacral one mid-line and left paracentral disc protrusion. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, physical therapy, and chiropractic therapy. In a progress note dated July 28, 2015 the treating physician reports pain to the left ankle, sharp to achy pain to the lumbar spine with pain to the left gluteal and left lateral foot numbness. Examination performed on July 28, 2015 was revealing tenderness to the lumbar spine, tenderness to the lumbosacral spine, tenderness to the sacral spine, and decreased range of motion to the lumbar spine. The progress note on July 28, 2015 did not include the injured worker's medication regimen, but the medical records noted prior prescriptions for Norco and Motrin on July 08, 2015 and prior prescription for Norco on May 26, 2015. On July 28, 2015 the injured worker's pain level was rated a 7 out of 10 to the left ankle and 8 to 9 out of 10 to the lumbar spine, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On July 28, 2015, the treating physician

requested a podiatry consultation for the left ankle with the treating physician noting continued pain to the left ankle along with the treating physician noting that one of the screws in the left ankle possibly popped out or that it was not properly placed. On July 28, 2015, the treating physician also requested the medication Norco noting prior prescriptions of this medication. On August 24, 2015, the Utilization Review determined the request for Norco 10-325mg with a quantity of 60 to be modified. On August 24, 2015, the Utilization Review determined the request for a podiatry consultation for a second opinion regarding the left ankle within MPN to be denied.

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 Medical Treatment 2009.

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

Decision rationale: The 57 year old patient complains of left ankle pain, rated at 7/10, and lower back pain, rated at 7-8/10, as per progress report dated 07/28/15. The request is for NORCO 10/325mg, #60. The RFA for this case is dated 07/31/15, and the patient's date of injury is 09/22/12. The patient is status post left tibia ORIF on 02/13/15, as per the operative report, and the status post left knee arthroscopy on 12/13/14, as per progress report dated 07/28/15. Diagnoses, as per progress report dated 07/28/15, also included L5-S1 midline and left paracentral disc protrusion, left knee osteoarthritis, left fibula fracture, thoracic sprain/strain, hypertension, GI upset, and calcaneal fracture. Medications included Norco and Motrin. Diagnoses, as per progress report dated 06/29/15, included degenerative joint disease of the left ankle, non-union of the left ankle calcaneal fracture, painful gait, plantar fasciitis of left foot, and painful gait. The patient is temporarily totally disabled, as per progress report dated 07/28/15. MTUS, Criteria For Use Of Opioids Section, 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, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, Criteria For Use Of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 03/17/15. While it appears that the patient has been using the opioid consistently since then, it is not clear when the medication was

initiated. As per the patient's Activities of Daily Living questionnaire, the pain is rated at 8/10. The patient is able to walk/stand and sit for less than 15 minutes. He can take care of himself but with difficulty. The patient can push or lift only very light objects. The treater, however, does not discuss the impact of Norco on these activities. In progress report dated 05/26/15, the treater states medications "are helpful." The treater, however, fails to establish the efficacy of the Norco. There is no documentation of before and after analgesia using a validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4 A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. Here are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4 A's to warrant continued use of this medication. Hence, the request is not medically necessary.

Podiatry consultation for 2nd opinion regarding the left ankle, within MPN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127.

Decision rationale: The 57 year old patient complains of left ankle pain, rated at 7/10, and lower back pain, rated at 7-8/10, as per progress report dated 07/28/15. The request is for Podiatry Consultation for 2nd Opinion regarding the Left Ankle, Within MPN. The RFA for this case is dated 07/31/15, and the patient's date of injury is 09/22/12. The patient is status post left tibia ORIF on 02/13/15, as per the operative report, and the status post left knee arthroscopy on 12/13/14, as per progress report dated 07/28/15. Diagnoses, as per progress report dated 07/28/15, also included L5-S1 midline and left paracentral disc protrusion, left knee osteoarthritis, left fibula fracture, thoracic sprain/strain, hypertension, GI upset, and calcaneal fracture. Medications included Norco and Motrin. Diagnoses, as per progress report dated 06/29/15, included degenerative joint disease of the left ankle, non-union of the left ankle calcaneal fracture, painful gait, plantar facitis of left foot, and painful gait. The patient is temporarily totally disabled, as per progress report dated 07/28/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the request for second opinion podiatry consult "for screw that either popped out or 'not properly placed' in left ankle" is noted in progress report dated 07/28/15. There are two remaining screws in the front of the ankle, as per the report. The patient is status post left tibia ORIF on 02/13/15. As evident from the reports, the

patient has already received treatment from a foot and ankle surgeon. However, in progress report dated 07/08/15, the treater states that the surgery did not help. Given the persistent pain in spite of treatment and surgical intervention, a podiatry second opinion appears reasonable and is medically necessary.