

Case Number:	CM15-0189343		
Date Assigned:	10/12/2015	Date of Injury:	09/10/2004
Decision Date:	12/15/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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 62 year old female who sustained an industrial injury September 10, 2004. Past history included right foot surgery January 2006, fibromyalgia, hypertension, diabetes, asthma, and arthritis. Past treatments included physical therapy, steroid injection, TENS (transcutaneous electrical nerve stimulation) unit therapy, psych evaluation, and spinal cord implant. According to a treating physician's progress notes dated July 30, 2015, the injured worker presented with continued worsening chronic pain in her back, right foot and ankle, rated 8 out of 10. She reported some improved pain control with LidoPro cream and noted she took Opana for 2-3 days and did not notice much of a difference. The physician documented reviewing last urine drug toxicology and finding no aberrant behavior. Physical examination revealed; uses a walker for ambulation; extremities- no evidence of trauma or deformity, scars right ankle, painful range of motion right ankle. No further examination documented. Diagnoses are chronic pain syndrome; causalgia of lower limb; unspecified thoracic lumbar neuritis-radiculitis; lumbago; pain in joint ankle-foot. Treatment plan included an increase in Opana to 10mg twice a day and an ankle brace. At issue, is the request for authorization for Opana, LidoPro cream, right ankle ASO brace, and x-rays 3 views of the right foot and ankle. A drug screen dated July 2, 2015, is present in the medical record and documented as consistent with the current prescription. The treating physician documented June 2, 2015, the injured workers urine drug screen revealed aberrant drug related behavior, positive for or fentanyl. This documentation is the same for a physician's visit April 23, 2015. According to utilization review dated August 21, 2015, the requests for Opana 10mg #60, unknown prescription of LidoPro cream, right

ankle ASO brace, x-ray of the right ankle 3 views and x-ray of the right foot 3 views are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 mg Qty 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.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments". In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Unknown prescription of Lidopro cream: 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): Topical Analgesics.

Decision rationale: The request is for the use of a compounded topical medication including an NSAID for pain relief. There are specific criteria require for use based on the guidelines. The MTUS states the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjoldal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little

evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, as indicated above, the patient would not qualify for the use of this medication based on the treatment duration. As such, the request is not medically necessary.

Right ankle, ASO brace: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Bracing (immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic)/Bracing.

Decision rationale: The request is for an ankle brace. The official disability guidelines state the following regarding this topic: Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004) In this case, an ankle brace is not guidelines-supported. This is secondary to inadequate documentation of an unstable joint as well as the remote nature of the injury. As such, the request is not medically necessary.

X-ray, right foot, with 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for foot x-rays. The ACOEM guidelines state that radiographs are indicated if there is a suspected fracture or heel spur. No x-rays are advised for nonspecific foot or ankle pain, plantar fasciitis, metatarsalgia, or neuroma. In this case, x-rays are not indicated. This is secondary to inadequate documentation of physical exam findings of a fracture or heel spur. As such, the request is not medically necessary.

X-ray, right ankle, with 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot/Radiography.

Decision rationale: The request is for X-rays of the ankle. The official disability guidelines state the following regarding this topic: Recommended as indicated below. If a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. (Verma, 1997) (Pijnenburg, 2002) (Colorado, 2001) See also Ottawa Ankle Rules. (Stiell, 1994) (Dalinka, 2000) (ACR-ankle, 2002) (ACR-foot, 2002) X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation. (Osborne, 2006) See also ACR Appropriateness Criteria". Indications for imaging - Plain Films (AP, lateral, etc.): Suspected ankle injury in patient meeting Ottawa Rules: 1) Inability to bear weight immediately after the injury. 2) Point tenderness over the medial malleolus, or the posterior edge or inferior tip of the lateral malleolus or talus or calcaneus. 3) Inability to ambulate for four steps in the emergency room. Chronic ankle pain, suspected osteochondral injury, initial study. Chronic ankle pain, suspected tendinopathy, initial study. Chronic ankle pain, suspected ankle instability, initial study. Chronic ankle pain, pain of uncertain etiology, initial study. Chronic foot pain, suspected to have Reiter's disease and complains of heel pain and swollen toes. Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome. Chronic foot pain, pain and tenderness over head of second metatarsal, rule out Freiberg's disease. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, but X-rays are not routinely recommended in the working population. In this case, X-rays are not guideline-supported. This is secondary to inadequate documentation of qualifying factors as listed above such as clinical signs of fracture, dislocation, or instability. There is also no discussion of suspicion of tarsal tunnel syndrome, Freiberg's disease, or Morton's neuroma. As such, the request is not medically necessary.