

Case Number:	CM15-0195355		
Date Assigned:	10/09/2015	Date of Injury:	06/22/2015
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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 45-year-old female who sustained an industrial injury on 6-22-2015. Diagnoses have included plantar fasciitis of the left foot and left Achilles tendonitis. An MRI for the left ankle was approved 9-29-2015. There are illegible documents provided showing a requisition, but completion of the MRI or results are not available. Documented treatment includes 3 cortisone injections stated 8-24-2015 "did not help," 4 physical therapy visits out of 6, as of 9-2-2015, with report of worsening tenderness after therapy, crutches, and the 8-2-2015 note states "continue Etodolac twice daily." Starting date or response to this medication is not provided in the note. On 9-17-2015 the injured worker presented with continued left foot and ankle pain, and the physician noted swelling, moderate tenderness to the plantar aspect of the left foot and heel, mild pain over the Achilles tendon with plantar flexion and dorsiflexion, and pain with inversion and eversion. An antalgic gait was noted. The plan of care includes referral to a podiatrist and additional physical therapy. Etodolac 400 mg #60, and Norco #60 were requested, but this was denied on 9-28-2015. Current work status is presently temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400 mg Qty 60, 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for an unknown length of time. Pain scores were not noted. The claimant had increasing pain while on medications and required injections. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Etodolac is not medically necessary.

Norco 10/325 mg Qty 60, every 4 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: Norco 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 Norco for an unknown length of time. Pain scores were not noted. Long-term use is not indicated. There was no mention of Tylenol, or weaning failure. The continued use of Norco is not justified and is not medically necessary.