MAXIMUS Federal Services

Case Number:	CM15-0207408		
Date Assigned:	10/26/2015	Date of Injury:	05/13/2014
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve requests for a surgery above the right foot to remove deep hardware, perform a subtalar arthrodesis, perform a peroneal debridement repair, perform a sural neurectomy; partially approved a request for gabapentin (Neurontin); and partially approved a request for Norco. An October 2, 2015 office visit was referenced in the determination. On said October 2, 2015 office visit, the applicant reported ongoing issues of bilateral foot pain, 9/10. The applicant's medication list included Lidoderm, Naprosyn, Norco, Desyrel, and Neurontin, it was reported. The applicant had undergone earlier hardware placement surgeries about the bilateral feet, performed on May 23, 2014, it was reported, to ameliorate issues with previously sustained calcaneal fracture. The applicant's BMI was 29, it was reported. The applicant exhibited diminished left and right ankle/foot range of motion. The applicant exhibited diminished motor function about both ankles with hyposensorium noted about the surgical scars of the feet on exam. The applicant was asked to continue Norco, trazadone, Cymbalta, Butrans, and Neurontin. The note was very difficult to follow as one section of the note stated that the request for Cymbalta represented a renewal request, while another section of the note suggested that Cymbalta represented a first-time request. The note, thus, was 8 pages long and mingled historical issues with current issues to a considerable extent. The applicant was placed off of work, on total temporary disability. There was no explicit mention for the need for further surgical intervention, although the treating provider reported that the previous surgery had not generated any lasting pain relief. On September 30, 2015 office visit, the applicant was

described as having issues with bilateral calcaneal fracture status post prior ORIF procedures involving the same. The applicant was described as having residual pain complaints and degenerative changes about the right lower extremity superimposed upon issues of peroneal tendonitis and impinging about the sinus tarsi. Gabapentin had attenuated the applicant's neuropathic pain complaints to some extent, the treating provider reported. The treating provider stated that the applicant's mechanical foot pain secondary to traumatic degenerative joint disease at the subtalar joint was not amenable to physical therapy or other modalities. A right foot hardware removal, subtalar arthrodesis, peroneal debridement repair, and sural neurectomy procedure were sought. The attending provider contended that performing a foot arthrodesis procedure without an associated sural neurectomy would result in iatrogenic neuropathic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for right foot to remove deep hardware x3, subtalar arthrodesis, peroneal debridement and repair, sural neurectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Hardware implant removal (fracture fixation), Peroneal tendinitis/tendon rupture (treatment); Work Loss Date Institute, Ankle & foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Ankle and Foot, Fusion (arthrodesis) and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Ankle and Foot Disorders, pg. 1373 Recommendation: Operative Management for Select Calcaneus Fractures Operative management is recommended for select calcaneus fractures. Indications "Displaced, non-reducible extra-articular fractures, displaced intra-articular fractures. Strength of Evidence" Recommended, Insufficient Evidence (I).

Decision rationale: Yes, the request for surgery involving the right foot to remove deep hardware, perform a subtalar arthrodesis, perform a peroneal debridement repair, and perform a sural neurectomy was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 14, page 374 notes that referral for surgical consultation may be indicated for applicants who have clear clinical and imaging evidence of lesions shown to benefit both in the short- and long-term from surgical repair procedure. Here, the attending provider contended that the applicant's combination of issues associated with subtalar arthritis, painful indwelling calcaneal ORIF hardware, peroneal tendonitis, and sural neuritis, taken together, did warrant surgical intervention. The Third Edition ACOEM Guidelines Chronic Pain Chapter notes that operative management is recommended for select calcaneal fractures, while ODG's Foot and Ankle Chapter Fusion topic notes that in stage III and IV acquired flat foot due to posterior tibial tendon dysfunction, correcting and stabilizing arthrodesis are advised. Here, the attending provider contended that the claimant in fact had issues with subtalar arthritis, painful indwelling fusion hardware and sural neuritis which had proven recalcitrant to the earlier calcaneal ORIF surgery, analgesic medications, adjuvant medications, etc. Moving forward with

the surgical intervention in question was, thus, indicated, given the failure of numerous other operative and nonoperative interventions and the favorable ACOEM and ODG positions on the article at issue. Therefore, the request was medically necessary.

Gabapentin 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise medically necessary, medically appropriate, and indicated here. The request in question was seemingly initiated by the applicant's foot and ankle surgeon and, thus, seemingly represented a request for continued usage of gabapentin in the postoperative or perioperative phase of treatment. Page 18 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anticonvulsant adjuvant medications such as gabapentin may "also be an option for postoperative pain" purposes. Continued usage of the same was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

Hydrocodone 5/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: Finally, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco, a short-acting opioid, is indicated in the treatment of moderate to moderate and severe pain. Here, as with the preceding request, the request in question was framed as a renewal or extension request for Norco, for perioperative or postoperative use purposes. The applicant could reasonably or plausibly be expected to have pain complaints in the moderate-to-severe range in the aftermath of the foot surgery approved above. Usage of Norco was indicated to combat the same. Therefore, the request was medically necessary.