

<b>Case Number:</b>	CM15-0023336		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male sustained an industrial injury on 9/23/13. He subsequently reports ongoing left heel pain. Treatment to date has included orthotics, physical therapy, injections, TENS therapy and prescription medications. On 1/23/15, Utilization Review non-certified a request for CT scan of The Rearfoot Joint and Percocet 10/325 MG #120. The CT scan of The Rearfoot Joint and Percocet 10/325 MG #120 were denied based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of The Rearfoot Joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368. Decision based on Non-MTUS Citation Ankle and foot, CT

**Decision rationale:** ODG states Recommended. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. (Colorado, 2001) (ACR-ankle, 2002) (ACR-foot, 2002) See also ACR Appropriateness Criteria".ACOEM states recommends spiral CT for metatarsal stress fracture and pain in the dorsal foot with weight bearing. The treating physician has not provided documentation of a bony mass or concern for a hairline fracture.A CT scan of the rearfoot joint is not warranted at this time. There are no images that show a bony mass or evidence of fracture. A CT scan is not necessary for chronic foot pain. As such, the request for a CT scan of the rearfoot joint is not medically necessary.

**Percocet 10/325 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain, Opioids

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid except for short use for severe cases, not to exceed 2 weeks and Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning. Medical documents indicate that the patient has been on Percocet in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include If there is no overall improvement in function, unless there are extenuating circumstances. The treating physician does not document overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet 10/325mg #120 is not medically necessary.