

Case Number:	CM15-0213753		
Date Assigned:	11/03/2015	Date of Injury:	08/20/2001
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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: 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:

The injured worker is a 65 year old male who sustained an industrial injury on 08-20-2001. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral lower extremity radiculopathy, bilateral upper extremity radiculopathy, cervicogenic headaches, medication induced gastritis and reactionary depression and anxiety. The injured worker is status post L5-S1 total disc arthroplasty in 2004, C5-6 and C6-7 anterior decompression and fusion in 2005 and bilateral ankle surgery with hardware (no date documented). According to the treating physician's progress report on 10-02-2015, the injured worker continues to experience increased swelling and pain to the left calcaneal region and low back pain radiating posteriorly to the bilateral legs. Objective findings noted an antalgic gait favoring his left lower extremity and using a cane for ambulation. The lumbar spine examination demonstrated tenderness to palpation of the posterior lumbar musculature bilaterally with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscles. Range of motion was decreased in all planes with absent patella and Achilles tendon reflexes bilaterally. Motor strength was intact. Sensation to pinprick was decreased along the posterolateral thigh, lateral calf and dorsum of the foot in about the L5-S1 dermatomal distribution bilaterally. Straight leg raise in a modified sitting position was positive at 60 degrees causing radicular symptoms to both lower extremities. There was mild swelling visible to the dorsum of the foot in a generalized pattern. At the left calcaneus there was a raised, warm to the touch and severely tender cystic-like area without expressible drainage or discharge. The injured worker declined aspiration of the area during the office visit. Prior treatments have included diagnostic testing, surgery, heat, ice therapy, custom orthotics, psychological and psychiatric management, chiropractic therapy, physical therapy

and medications. Current medications were listed as Norco (since at least 04-2015), Soma, Prilosec, Prozac, Ambien, Trazodone, Ativan and Risperdal. Urine drug screens were noted as consistent for prescribed medications. Treatment plan consists of cervical and lumbar updated magnetic resonance imaging (MRI), Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies updated, refill and continue medication regimen, discussed lumbar and cervical spinal cord stimulator (SCS) and the current request for X-rays of left foot to include left calcaneus, AP, lateral and oblique and Norco 10mg-325mg tab 4 times day as needed #120. On 10-16-2015 the Utilization Review determined the request for X-rays to include left calcaneus, AP, lateral and oblique and Norco 10mg-325mg #120 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab orally four times a day as needed #120: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific criteria to recommend the ongoing use of opioid medications for non-cancer pain. These criteria include specific detailing of the levels of improved pain, the length of improved pain, objective improvements in functioning. There is inadequate documentation by the prescribing physician to meet these Guideline criteria. There is no documentation quantifying pain relief or functional measures of improvement. Under these circumstances, the Norco 10/325mg 1 tab orally four times a day as needed #120 is not supported by Guidelines and is not medically necessary.

X-ray of left foot to include left calcaneus, AP, lateral and oblique: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic) Chapter, Radiography.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot/Radiography.

Decision rationale: MTUS Guidelines support radiography when there is reasonable clinical evidence of fracture or red flag conditions. This individual has swelling and pain over the area where surgical hardware was placed. An x-ray to check of movement or erosion is consistent

with Guideline recommendations. The request for the X-ray of left foot to include left calcaneus, AP, lateral and oblique is medically necessary.