

<b>Case Number:</b>	CM15-0217807		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male who sustained an industrial injury on 2-4-10. He is retired and not working. Medical records indicate that the injured worker has been treated for right foot fracture; neuritis; peroneal neuropathy. He currently (9-28-15) complains of painful right foot. On physical exam, there was no acute edema, negative allodynia, right calf atrophy. His pain level per the 3-9-15 note was 5-6 out of 10 and was unchanged back to 11-12-14. Diagnostics include MRI of the right foot (10-22-14) showing healed fracture, osteoarthritis, osseous and soft tissue bunion formation; electromyography-nerve conduction study 11-13-14) showing peroneal neuropathy. Treatments to date include orthotics received 1-28-15 and are worn out per 9-28-15 note; foot injections; medications: Norco since at least 11-12-14, ranitidine. The treating provider did not document concerns about abuse, tolerance to medication or inconsistent urine drug tests. There was no indication of laboratory evaluation regarding medications prescribed, pain contract adverse side effects or aberrant behavior. On 10-6-15 Utilization Review non-certified the requests for custom orthotics; Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotics:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotics Knee & Leg Chapter under Insoles.

**Decision rationale:** The current request is for custom orthotics. Treatment history includes orthotics, foot injections, ORIF right foot metatarsals on 02/10/10, physical therapy, and medications. The patient is permanent and stationary, and retired. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, Physical methods, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." Per report 09/28/15, the patient presents with complaints of painful right foot. The listed diagnoses include right foot fracture, neuritis, and peroneal neuropathy. Physical examination revealed there was no acute edema, and negative allodynia. There was some right calf atrophy noted. The treater is requesting replacement orthotics since the ones dispensed on 01/28/15 have worn out. The patient is status post fracture, with subsequent ORIF of the right foot metatarsal. As stated in report 09/28/15, the patient has been utilizing his orthotics which has been helpful. The treater states that the patient requires functional orthotics and must completely refrain from barefoot walking. The patient was authorized for a pair earlier this year, but they have completed worn out on the top. ACOEM and ODG supports orthotics for various conditions. Given the patient's continued symptoms, and documented efficacy of the previous orthotics, a replacement appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Norco 10/325 mg #120:** Upheld

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

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

**Decision rationale:** The current request is for Norco 10/325 MG #120. Treatment history includes orthotics, foot injections, ORIF right foot metatarsals on 02/10/10, physical therapy, and medications. The patient is permanent and stationary, and retired. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well

as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/28/15, the patient presents with complaints of painful right foot. The listed diagnoses include right foot fracture, neuritis, and peroneal neuropathy. Physical examination revealed there was no acute edema, and negative allodynia. There was some right calf atrophy noted. The treater is requesting a refill of Norco 10/325mg. This patient has been utilizing Norco since at least 11/12/14. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. In addition, there are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided either. Given the lack of documentation as required by MTUS for continued opiate use, the patient should be weaned per MTUS. Therefore, the request is not medically necessary.