

Case Number:	CM15-0041317		
Date Assigned:	03/11/2015	Date of Injury:	11/02/2013
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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 & General Preventive 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 46 year old male, who sustained a work/ industrial injury on 11/2/13. He has reported initial symptoms of back and hip ache along with ankle and foot pain. The injured worker was diagnosed as having closed fracture of calcaneus of foot, and left rib contusion. Treatments to date included medication, home exercises, physical therapy, diagnostics, surgery (open reduction internal fixation (ORIF) left calcaneal fracture 11/9/13). Currently, the injured worker complains of ankle and foot pain with use. Diagnosis included comminuted displaced intraarticular fracture of calcaneus, s/p open reduction internal fixation (ORIF), s/p old open reduction internal fixation (ORIF) of bimalloar fracture of left ankle, mild lumbar strain, resolved rib and knee strain, and sural nerve injury post operative lateral aspect of left foot. The treating physician's report (PR-2) from 2/5/15 indicated refill on Norco and for custom ankle brace. Medications included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Weaning of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (acute and Chronic) Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for ankle pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg #60 is not medically necessary.

1 copper sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-384. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing (immobilization).

Decision rationale: ACOEM "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible." ACOEM additionally states "For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention (C) For acute swelling, rest and elevation (D) For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator (C)". The D and C designation by ACOEM means that the evidence based medicine is weak to support immobilization. ODG states "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function." While the treating physician documents ankle pain, there is no documentation of red flag diagnoses based on physical exam or diagnostic imaging. The medical documentation provided does not indicate any ankle instability and this patient is well outside the initial phase of this injury. As such, the request for 1 copper sleeve is not medically necessary.

