

Case Number:	CM15-0041711		
Date Assigned:	03/11/2015	Date of Injury:	06/14/2012
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 48 year old man sustained an industrial injury on 6/14/2012. The mechanism of injury is not detailed. Current diagnoses include plantar fasciitis, and L4-L5 radiculopathy. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 2/3/2015 show complaints of bilateral heel pain. The worker states that he has been through AME and would like a referral to a spine specialist. Recommendations include cortisone injections to bilateral heels, Norco, Lidoderm patches, and referral to a spine specialist for evaluation and treatment of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 Refills x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for expended amount of time without objective documentation of the improvement in pain. There is no documentation of functional improvement. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens past August 2014 or drug contract documented. There are no clear plans for future weaning, or goal of care. The request is also for 3 refills which needs close monitoring. Because of these reasons, the request for Norco is considered medically unnecessary.

Lidoderm patches #30 Refills x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is considered medically unnecessary.

Cortisone injections up to 3 injections in each heel injections spaced 1-2 weeks apart:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Plantar fasciitis, injection.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, a corticosteroid and lidocaine injection is recommended for plantar fasciitis. Repeat or frequent injections are not recommended, however. According to ODG, the use of injections is still understudy and may provide short-term relief. Significant pain relief did not extend past 4 weeks. The patient has had a previous injection but there was no documented improvement in functional capacity. Therefore, the request is considered not medically necessary.