

<b>Case Number:</b>	CM15-0050630		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: 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:

The injured worker is a 31 year old male, who sustained an industrial injury on January 8, 2014. He has reported bilateral ankle and foot pain. Diagnoses have included bilateral heel fractures and osteoarthritis of the ankle. Treatment to date has included medications, foot surgery with internal fixation, removal of hardware, bone grafting, physical therapy, and imaging studies. A progress note dated February 24, 2015 indicates a chief complaint of foot and ankle pain. The treating physician documented a plan of care that included continuation of medications, follow up in six weeks, X-rays, physical therapy, weight bearing as tolerated in boot, and orthotic inserts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic foot and heel pain. This patient underwent L foot surgery in January 2015 consisting of hardware removal and fusion. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Percocet is not medically necessary.

**X-Ray of Bilateral Heels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle.

**Decision rationale:** This patient receives treatment for chronic foot and heel pain. This patient underwent L foot surgery in January 2015 consisting of hardware removal and bony fusion. The patient had foot x-rays on 01/27/2015. The treatment guidelines recommend x-ray imaging studies to identify fractures after an acute injury. The treatment guidelines recommend x-ray imaging when complications after surgery or trauma are suspected. There is no such documentation. Based on the documentation, bilateral heel x-rays are not medically necessary.