

<b>Case Number:</b>	CM15-0057902		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	08/29/2001
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 64 year old male, who sustained an industrial injury on 8/29/2001. The current diagnoses are knee/joint pain; lumbago/low back pain, ankle pain, and long term use of narcotics. According to the progress report dated 2/24/2015, the injured worker complains of continued knee pain. With medications, the pain is rated 6/10 on a subjective pain scale. The current medications are Oxycodone, Soma, Lasix, Lisinopril, and Miralax. Treatment to date has included medication management. The plan of care includes Oxycodone and custom molded shoe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg, #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 02/24/15 progress report provided by treating physician, the patient presents with knee pain rated 6/10 with medications. The request is for Oxycodone 15MG, #300. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes knee pain/joint pain leg; lumbago, low back pain; ankle pain, joint; and encntr long-rx use NEC. The patient ambulates with a cane. Patient's medications include Oxycodone, Soma, Lasix, Lisinopril, and Miralax. Work status not provided. MTUS Guidelines 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 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. Regarding Oxycodone, per progress report dated 02/24/15, treater states "...30 days, for a total of 300, start on February 24, 2015, end on March 25, 2015 ." Oxycodone has been included in patient's medications, per treater reports dated 09/08/14, 12/30/14, and 03/24/15. In this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with numerical pain scales. However, there are no specific discussions regarding aberrant behavior, adverse reactions, ADL's etc. No UDSs, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Custom Molded Shoe:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot Chapter, Orthotics Knee & Leg Chapter, Insoles.

**Decision rationale:** Based on the 02/24/15 progress report provided by treating physician, the patient presents with knee pain rated 6/10 with medications. The request is for custom molded shoe. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes knee pain/joint pain leg; lumbago, low back pain; ankle pain, joint; and encntr long-rx use NEC. The patient ambulates with a cane. Patient's medications include Oxycodone, Soma, Lasix, Lisinopril, and Miralax. Work status not provided. ACOEM and MTUS do not specifically discuss shoes. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, 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 progress report dated 02/24/15, treater states "due to swelling

patient needs custom molded shoes. He cannot purchase any on his own and needs custom molded shoes, foot is very large. He is going to wound center and has unna boot wraps." Treater does not indicate that the patient has plantar fasciitis or foot pain in rheumatoid arthritis. Orthotic devices are not indicated solely for pain and swelling. ODG supports orthoses for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains; and insoles are an option for knee osteoarthritis. The patient has knee pain, but does not present with any of these conditions. The request does not meet guideline indications. Therefore, the request is not medically necessary.