

Case Number:	CM15-0088744		
Date Assigned:	05/13/2015	Date of Injury:	06/06/2014
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 39-year-old male, who sustained an industrial injury on 6/6/2014. He reported injuring his left knee during defense tactics training. Diagnoses have included osteochondritis dissecans left ankle, Freiberg's infraction of second metatarsophalangeal joint (MJP) and left knee injury medial meniscus tear. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the podiatry report dated 12/17/2014, the injured worker complained of pain and trouble walking with the second metatarsophalangeal joint (MPJ) on the right. He could not perform his full job duties and could not run. He ambulated with a limp. Physical exam revealed tenderness and pain on the left ankle. He was having peroneal pain in the longus and sinus tarsi pain on the left. He had pain at the Achilles insertion on the left, which was noted to be most likely compensatory. There was pain at the second MPJ and positive distraction of a greater to moderate to severe degree. The treatment plan was for corticosteroid injection intra-articularly in the second MPJ on the right and/or the left ankle prior to surgery for pain relief. The injured worker was temporarily totally disabled. Authorization was requested for right second toe MTP joint injection, UCBL orthotic device and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 2nd toe MTP joint injection (in house): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 287-314.

Decision rationale: The MTUS states "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective." The medical records fail to demonstrate any of the above indications. As such, the request for Right 2nd toe MTP joint injection is not medically necessary.

UCBL orthotic device (both shoes): Upheld

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

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: The 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 also states that in regards foot orthotics and splinting, "Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and non-steroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited." 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/foot pain and tenderness of the ankle/foot, there is no documentation of red flag diagnoses based on physical exam or diagnostic imaging. As such, the request for UCBL orthotic device (both shoes) is not medically necessary.

Prospective use of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

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) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for 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 Prospective use of Norco 10/325mg #60 is not medically necessary.