

<b>Case Number:</b>	CM15-0236123		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	01/16/2006
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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: Pennsylvania, Ohio, 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:

This then said 57 year old female sustained an industrial injury on 01-16-2006. According to a the most recent progress submitted for review and dated 11-05-2015, the injured worker reported increased right leg numbness and weakness and right ankle swelling and sensitivity. She also reported depression and anxiety. She was status post initial fracture of right navicular bone in 2006 resulting in CRPS of right lower extremity. The injured worker ambulated slowly with limp favoring her right extremity. She had moderate edema in the right ankle, sensitivity along the lateral surfaces and posterior talofibular ligament and calcaneofibular ligament. The right foot was warm to touch, "extremely" sensitive to light touch. The right great toe had joint pain with movement. There was 3 out of 5 weakness in the right toe flexors and peroneus, right EDB was 4 out of 5, tibialis anterior 4 out of 5, right quadriceps 4 out of 5 and right iliopsoas 4 out of 5. The left lower extremity showed normal strength. Reflexes were equal and present at patellar level at 1. Straight leg raise on the right caused increase in lower back pain. PHQ - psychological testing score was 24 out of 30. Impression included right lower extremity complex regional pain syndrome following right navicular fracture of 2006, stable L4-L5 spondylolisthesis and degenerative disc, right greater than the left radicular pain, right L4 and L5 increasing numbness and weakness and severe reactive depression. Recommendations included Butrans 5 mg patch and Percocet 5-325 mg daily for breakthrough pain. The provider noted that the injured worker required approval of right foot and ankle MRI to evaluate for increasing right foot and ankle pain, swelling and burning sensitivity. The last foot and ankle MRI was performed in 2010. According to a "re-check form" dated 11-05-2015, Naprosyn was discontinued due to increased blood pressure. Current pain level was noted as 12 on a scale of 0-10. Progress reports submitted for review dated back to 03-30-2015 and showed that Butrans patch and Percocet were included in the treatment plan dating back to that time. Urine toxicology reports were not submitted for

review. On 11-17-2015, Utilization Review non-certified the request for Butrans patch 5 mcg one patch per week, Percocet 5-325mg one daily as needed for breakthrough pain #30 and MRI of the right foot and ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butran patch 5mcg, one patch per week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Percocet 5/325mg one daily as needed for breakthrough pain #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4a's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**MRI right foot/ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** ACOEM recommends special studies such as MRI imaging only if there are red flag findings and/or a specific differential diagnosis to evaluate. The records do not contain such red flag findings or such a differential diagnosis to support the need for a repeat MRI study in this chronic timeframe a decade after this injury. This request is not medically necessary.