

<b>Case Number:</b>	CM14-0118983		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 32-year-old male who reported an injury on 05/25/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his left ankle and ultimately underwent open reduction internal fixation. The injured worker's treatment history to date included surgical intervention, physical therapy, assisted ambulation, immobilization, and cognitive behavioral therapy. The injured worker's most recent clinical evaluation submitted for this review was dated 01/17/2014. It was documented that the injured worker had persistent left ankle joint pain. Objective findings included tenderness to palpation of the ankle joint with limited range of motion secondary to pain. The injured worker's medications included Vicodin, naproxen sodium, Protonix, and Flexeril. A request was made for a refill of medications. However, no justification for the request was provided. The Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 5mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Weaver, 2002

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for 1 prescription of Norco 5mg, #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation did not include a recent assessment of the patient to establish efficacy and increased functionality regarding this medication. Furthermore, there was no documentation that the patient is monitored for aberrant behavior. Also, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Norco 5mg, #90 is not medically necessary or appropriate.

**1 Orthotic shock absorption mechanism for the heel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic); Crawford, 2003; Thomas, 2010; Pfeffer, 1999

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Footwear, knee arthritis

**Decision rationale:** The request for 1 Orthotic shock absorption mechanism for the heel is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not specifically address shoes for an ankle or foot injury. Official Disability Guidelines do not support the use of specialized footwear in the absence of osteoarthritis. The clinical documentation does indicate that the patient has persistent pain complaints. However, there is no documentation of traumatic osteoarthritis to support the need for specialized footwear. As such, the requested 1 Orthotic shock absorption mechanism for the heel is not medically necessary or appropriate.

**1 Rocker bottom shoe: 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), Knee & Leg (Acute & Chronic), Ankle & Foot (Acute & Chronic): Special Footwear

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Footwear, knee arthritis

**Decision rationale:** The request for 1 Rocker bottom shoe is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not specifically address shoes for an ankle or foot injury. Official Disability Guidelines do not support the use of specialized footwear in the absence of osteoarthritis. The clinical documentation does indicate that the patient has persistent pain complaints. However, there is no

documentation of traumatic osteoarthritis to support the need for specialized footwear. As such, the requested 1 Rocker bottom shoe is not medically necessary or appropriate.