

Case Number:	CM14-0130555		
Date Assigned:	08/20/2014	Date of Injury:	10/23/2013
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 10/23/2013 due to an industrial injury while working on the job. He had gone up a 10 to 13 foot ladder, and was removing a hood. While carrying the hood off the roof fell, knocking him down approximately 10 to 13 feet, injuring the left ankle, left shoulder and lumbar spine. The injured worker had a history of left ankle, knee, left shoulder, and lumbar spine pain. The injured worker had a diagnosis of left ankle fracture/distal fibular fracture, post-traumatic scarring and deficiency of the ligamentous stabilizer of the mortise of the left ankle, left leg contusion, left shoulder subacromial bursitis and impingement, lumbar spine foraminal stenosis at the L4-5 and L5-S1, and left knee pes anserine bursitis with chondromalacia patella. The MRI of the lumbar spine dated 02/07/2014 revealed slight irregularity along the superior endplate of the L3, mild canal and mild to moderate bilateral foraminal stenosis at the L4-5, and mild canal and bilateral foraminal stenosis at the L5-S1. The past treatments included 12 visits of physical therapy, home stretching exercises, modified gait to full weight bearing times 1 month, medication, a CAM walker with crutches, and an ankle brace. Medications included ibuprofen, Norco, Vicodin, and anti-inflammatories. The physical examination dated 06/18/2014 of the lumbar spine revealed tenderness to palpation midline and paraspinally with mild paraspinal muscle spasms. Flexion was 0 to 50 degrees extension was 0 to 20 degrees, with lateral bending bilateral at 0 to 20 degrees. Sensation was decreased with light touch at the L4-5 distribution. Motor strength was 5-/5 to the left lower extremity musculature and 5/5 to the right lower extremity musculature. The left ankle with the ankle brace in place revealed mild swelling and limited motion, with dorsiflexion at 0 to 10 degrees, flexion at 0 to 30 degrees, and tenderness to palpation. Achilles tendon was intact clinically, and 2+ deep palpation. No VAS (visual analog scale) provided. The treatment plan included a followup in 4 weeks, medication monitoring, assessment of labs and

toxicology. The Request for Authorization dated 08/20/2014 was submitted with documentation. The rationale for the Norco, interventional pain management consult and the ongoing appointments podiatry was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325mg, #90 is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not include the adverse side effects, aberrant drug taking behavior, and analgesia. No VAS was provided. The request did not indicate the frequency. As such, the request is not medically necessary.

Interventional Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The request for interventional pain management consultation is not medically necessary. The California MTUS Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Functional Restoration Program is aimed at the injured worker that is at risk for delayed recovery, but the

clinical notes did not indicate that the injured worker was at risk for delayed recovery. Documentation did not indicate an adequate and thorough evaluation, including baseline functional testing, followed up with the same test for functional improvement, documentation of previous methods of treating chronic pain that have been unsuccessful, documentation of the patient's significant loss of ability to function independently secondary to the chronic pain. As such, the request is not medically necessary.

Ongoing appointments with podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and stress, Office Visits.

Decision rationale: The request for ongoing appointments with podiatrist is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The clinical notes were not evident of any medication efficacy or measurable function, or lack of measurable function. The individual had physical therapy 12 visits. As such, the request is not medically necessary.