

<b>Case Number:</b>	CM14-0164887		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 8/26/2013. Patient was evaluated by a podiatrist on 3/5/2014. It is noted that this poorly controlled diabetic patient inverted his right ankle during a slip, and was diagnosed with an ankle sprain. Prior treatments included modified work duties, ankle brace, and oral anti-inflammatory medication. An MRI and CT scan demonstrates free floating bone ossicles to the right ankle. Diagnoses that day include traumatic arthritis of the right ankle joint, synovitis of the right ankle, and cavus foot deformity. Recommended treatment includes cortisone injections to symptomatic joint, taping/strapping's, exercises, custom orthotics, and heel lifts. On 5/29/2014 patient was again noted to have moderate to moderately severe pain to the right ankle. Limited range of motion to the ankle joint was noted and patient was placed in a fiberglass cast. On 7/9/2014 patient was transitioned into a CAM walker. On 7/16/2014 patient was still noted to have significant right ankle pain. A new MRI was ordered, and it was recommended that patient have arthroscopic ankle surgery. An MRI was performed on 8/28/2014 which reveals fracture fragments to the ankle joint, subcutaneous edema to the medial malleolus, no osteochondral fragments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5/300 MG Q4H as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment recommendations / opioids Page(s): 75-91.

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for "Vicodin ES 7.5/300 mg Q 4H as needed" is not medically reasonable for this patient at this time. This medication is being prescribed for postoperative pain management. It is obviously medically reasonable and necessary for this patient to have a medication for postoperative management, which is a limited timeframe. Patient should be followed postoperatively and each visit evaluated for pain. If pain is noted during a postoperative visit more pain medication should be dispensed. The way that this current prescription is written, there is no limitation or timeframe associated with it. This is why I do not feel that this RX as written it is medically reasonable or necessary. A time limitation must be put on the prescription, such as one month.

**Lab work:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Am Acad Orthop Surg. 2010 Jul;18(7):426-35. Perioperative management of diabetes and hyperglycemia in patients undergoing orthopaedic surgery. Rizvi AA1, Chillag SA, Chillag KJ.

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for preoperative "lab work" is medically reasonable and necessary for this patient. As is generally understood in medicine, and echoed in the above medical article, diabetic patients suffer with many more ailments than most healthy people. They are at greater risk for cardiovascular events as well as abnormalities caused by their high blood glucose levels. This particular patient is noted to be a noncompliant diabetic with higher blood glucose levels than normal. It is important to gain a sense of his pre-operative blood glucose levels so that the surgeon may make important decisions on how to handle the pre, peri, and postoperative course. If this patient's blood glucose level is extremely high, the surgeon may choose not to perform the surgery at that time. Furthermore, it is important to gain a sense of patient's cardiovascular status prior to putting patient through anesthesia.