

Case Number:	CM14-0177616		
Date Assigned:	10/31/2014	Date of Injury:	04/30/2002
Decision Date:	12/08/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 4/30/02. A utilization review determination dated 9/22/14 recommends non-certification of shoe inserts, orthopedic shoes, and clonidine. Norco was modified and Lyrica was certified. Prior medications were noted to include clonidine, Opana ER, and Nucynta among others. 7/22/14 medical report identifies persistent left foot and ankle pain. Treatment has included PT, medication, and 3 left foot/ankle surgeries. Medications are helping with pain. On exam, there is antalgic gait, dysesthesia to light touch along the surgical scar, limited ROM, and 4+/5 strength in left ankle dorsiflexion and plantar flexion. Diagnoses include left ankle pain, CRPS type I, and s/p two left foot and ankle surgeries. Recommendations include custom fit shoe inserts for persistent left foot and ankle pain, orthopedic shoes to minimize her left foot and ankle pain and to assist with mobility, Lyrica for neuropathic pain, clonidine for burning pain, Norco for breakthrough pain, and ibuprofen for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom shoe inserts Qty: 1.00: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

Decision rationale: Regarding the request for custom shoe inserts, Chronic Pain Medical Treatment Guidelines are silent on the issue. The ODG states that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis and no rationale for the use of custom rather than prefabricated inserts. In the absence of such documentation, the current request for custom shoe inserts is not medically necessary.

Orthopedic shoes Qty: 1.00: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices and Knee & Leg, Footwear

Decision rationale: Regarding the request for orthopedic shoes, Chronic Pain Medical Treatment Guidelines are silent on the issue. The ODG notes that specialized footwear is an option for patients with knee osteoarthritis. Regarding the foot and ankle, they note that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with knee osteoarthritis, plantar fasciitis, or foot pain in rheumatoid arthritis and no rationale for the use of orthopedic shoes rather than supportive standard shoes for this patient in the absence of a supported condition. In the absence of such documentation, the current request for orthopedic shoes is not medically necessary.

Clonidine 0.1mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, medications

Decision rationale: Regarding the request for clonidine, the provider notes that it is being prescribed for pain. CA MTUS supports its use intrathecally only after a short-term trial

indicates pain relief in patient's refractory to opioid monotherapy or opioids with local anesthetic. The ODG notes that current literature does not support the use of Clonidine in the management of CRPS. Within the documentation available for review, the request is for oral rather than intrathecal Clonidine and there is no clear rationale for its use despite the guidelines recommendation against its use in the management of the patient's cited conditions. In light of the above issues, the currently requested Clonidine is not medically necessary.

Norco 5/325mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has a longstanding injury and history of prior opioid use with both long-acting and short-acting opioids. There is no indication that opioids improve the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of opioids. They should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.