

<b>Case Number:</b>	CM14-0096851		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/26/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 66-year-old who reported an injury on April 26, 2004. The injury occurred when the injured worker was lifting and twisting. On March 18, 2014, the injured worker presented with shoulder pain and lumbosacral neuritis. Current medications included acyclovir, Carac, Crestor, finasteride, mometasone, omeprazole, and tamsulosin ER. His surgical history included 4 back surgeries, a right shoulder replacement with 2 prior shoulder surgeries. No physical examination provided. The diagnoses were lumbosacral neuritis, shoulder pain, and total shoulder replacement. Provider recommended bilateral orthotic for the leg length discrepancy, 1 pair; CBC and CMP; foot drop brace; and hydrocodone 10/325 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pair of bilateral Orthotics for leg length discrepancy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Orthoses; Ankle and Foot, Orthoses

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Ankle, Orthotic Devices

**Decision rationale:** The Ankle and Foot Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommend rigid orthotics in treatment for plantar fasciitis, metatarsalgia. Additionally, the Official Disability Guidelines state that a trial of prefabricated orthosis is recommended in acute phase but due to diverse anatomical differences, many injured workers will require custom orthotics for long term pain control. The documentation submitted for review did not specify whether the orthotics to be custom made or purchased. There was lack of documentation on the extent of the leg length discrepancy. There were no functional deficits to be addressed and lack of documentation of the provider's rationale for the bilateral orthotics recommendation. As such, the request for One pair of bilateral Orthotics for leg length discrepancy is not medically necessary or appropriate.

**CBC and CMP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 21, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of the chemistry profile, including liver and renal function tests. The guidelines recommend measuring the liver transaminases within 48 weeks after starting therapy but the interval of repeat lab tests after this treatment duration has not been established. Routine blood pressure monitoring, however, is recommended. It was unclear when the laboratory monitoring was last performed. The provider's rationale for recommending a CBC and CMP were not provided. As such, the request for CBC and CMP is not medically necessary or appropriate.

**Foot drop brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines recommend rigid orthotics in the treatment of plantar fasciitis and metatarsalgia. The documentation submitted for review did not provide evidence of the injured worker experiencing a foot drop. Additionally, the specific foot that the brace was recommended for was not identified in the request as submitted. There is lack of documentation to warrant a foot drop brace. As such, the request for a foot drop brace is not medically necessary or appropriate.

**Hydrocodone 10/325 mg, 45 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Opioids are recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally the provider's request does not indicate the frequency of the medication in the request as submitted. The efficacy of the prior use of the medication was not provided. As such, the request for Hydrocodone 10/325 mg, 45 count, is not medically necessary or appropriate.