

Case Number:	CM14-0202833		
Date Assigned:	12/15/2014	Date of Injury:	01/31/2013
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 51-year-old woman reported an injury to her right foot after striking her heel on a chair on 1/31/13. Treatment has included a walking boot, orthotics, medications and physical therapy, which has apparently been discontinued because it is too painful. An MRI performed 4/6/13 revealed an ossicle or bony fragment at the anterolateral process of the calcaneus, Achilles tendinosis with possible partial intrasubstance tear, and a calcaneal spur. Neurodiagnostic testing performed 5/21/14 was positive for moderate impingement of the right posterior tibial nerve at the tarsal tunnel. There are several progress notes in the records from a treating podiatrist, ranging in date from 5/29/14 to 12/19/14. They contain nearly identical wording, which appears to be templated. All note that the patient complains of heel pain and numbness and tingling of the inside of the foot. All note that the patient has tenderness at the medial right heel along the Achilles tendon and in the tarsal tunnel. Alignment, stability, range of motion, strength and sensation of the right foot and ankle are documented as normal. Diagnoses include contusion of the right foot/heel, calcaneal spurring, Achilles tendonitis with accessory ossicle at calcaneus, partial tear of right Achilles tendon, and tarsal tunnel syndrome. The plan always includes prescriptions for Naproxen and Vicodin, and the patient is documented as off work indefinitely. Surgery is mentioned as pending in nearly all of the notes. A prescription for Vicodin 5/325 1-2 every 4 hours as needed to control pain #80 with 2 refills was non-certified in UR on 11/20/14. MTUS Chronic Pain Guidelines were cited as the basis for the non-certification. The reviewer noted that a previous similar request had been modified to Vicodin 5/325 mg #40 without refills to allow the patient to wean off Vicodin. (Obviously no weaning has occurred.)

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vicodin 5/325mg, #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for use of Opioids Page(s): 60; 76-77.

Decision rationale: Vicodin 5/325 is brand-name hydrocodone 5 mg with 325 mg acetaminophen. Hydrocodone is an opioid analgesic. Per the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Per the second guideline, opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. An attempt should be made to determine if the patient's pain is nociceptive or neuropathic. (Opioids are not generally considered to be first-line therapy for neuropathic pain.) Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Specific goals should be set, and continued use of opioids should be contingent on meeting these goals. Opioids should be discontinued if there is no improvement in function or if there is a decrease in function. The clinical findings in this case do not demonstrate that any of the above guidelines have been followed. There is no documentation that hydrocodone/APAP was introduced individually, with ongoing careful assessment of function. There is no documentation of evaluation of whether or not the patient's pain is nociceptive or neuropathic. A diagnosis of tarsal tunnel syndrome implies that a significant component of the patient's pain may be neuropathic and unlikely to respond to opioids. No assessment is documented of whether or not opioid use was likely to be helpful in this patient, or of her potential for abuse. No specific functional goals were set or followed. Finally, hydrocodone/APAP was not discontinued when it became clear that it has not produced any functional improvement. This patient remains off work indefinitely, and there is no documentation of any improvement in function of any kind. Based on the evidence-based guidelines cited above, and the clinical documentation provided for review, Vicodin 5/300 #80 is not medically indicated for this patient. Vicodin 5/300 #60 is not medically necessary due to the lack of appropriate documentation of the patient's status prior to beginning it, on the failure to set and monitor functional goals, and on the failure to discontinue it when it became clear that it has not produced any functional recovery.