MAXIMUS Federal Services

Case Number:	CM14-0218040		
Date Assigned:	01/07/2015	Date of Injury:	11/02/2013
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male sustained a work related injury on 11/2/2013. The mechanism of injury was reported to be injury from falling off a 10 foot ladder onto concrete, landing on his feet. The current diagnoses are comminuted displaced interarticular fracture left calcaneus and status post left calcaneus ORIF (11/8/2013). According to the progress report dated 11/25/2014, the injured workers chief complaints were left foot/ankle pain, 5-8/10 on a subjective pain scale. The pain improves with rest and medications, and worsens with walking long distance. He has a standing tolerance of 15 minutes, sitting unlimited and walking 5 minutes. The physical examination revealed slight tenderness about the anterior ankle joint line. The medial lateral drawer testing is grossly intact without laxity, but some discomfort. Foot plantar flexion past neutral is 15 degrees. He is able to dorsiflex to neutral, but not beyond. Current medications are Norco. He was offered fusion as an option, but declines surgery at this time. On this date, the treating physician prescribed Norco, urine drug screen, custom fabricated ankle brace, and flexible brace, which is now under review. The braces were prescribed specifically to improve his functional capacity and ability to compete in the workforce. When Norco, urine drug screen, custom fabricated ankle brace, and flexible brace were prescribed work status was temporarily totally disabled. On 12/4/2014, Utilization Review had non-certified a prescription for Norco, urine drug screen, custom fabricated ankle brace, and flexible brace. The Norco was modified to allow for a slow tapering process. The urine drug screen was non-certified based on low risk of addiction or aberrant behavior. The custom fabricated ankle brace and flexible brace were non-certified based on insufficient clinical basis to warrant the use of the requested braces. The California

MTUS ACOEM and Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco 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 further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has been on Norco since his ORIF surgery in November 2013, but there is no indication that the medication is improving 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 the medication. Opioids 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 (hydrocodone/acetaminophen) is not medically necessary.

One qualitative 5-panel urine multiple drug screen by high complexity test method with immunoassay and enzyme assay test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Criteria for the use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Section Page(s): 76-79 and 99.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test with documented medication compliance on 7/22/2014. In addition,

there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the currently requested urine toxicology test is not medically necessary.

One custom fabricated ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Bracing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle Chapter, Braces Braddom, Randall L. Chapter 15: "Lower Limb Orthotic Devices." Physical Medicine and Rehabilitation, 4th Edition.

Decision rationale: With regards to the request for fabricated custom ankle brace, the Official Disability Guidelines states it is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. Ankle foot orthotics are standard of care for patient with foot drop. Within the submitted documentation, there is no objective finding of ankle instability or history of foot drop. Therefore, this request is not medically necessary.

One smaller flexible brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Bracing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle Chapter, Braces Topic

Decision rationale: With regards to the request for small flexible ankle brace, the Official Disability Guidelines states it is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. As with the request for fabricated custom ankle brace, the submitted documentation does not provide objective finding of ankle instability, which would warrant the use of ankle orthotics. Therefore, this request is not medically necessary.