

<b>Case Number:</b>	CM15-0011778		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/29/1990
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old male who reported an injury on 11/29/1990 after a large capacity pallet fell on his right foot. The injured worker underwent open reduction and internal fixation of the right toe that was followed by the development of chronic pain. The injured worker's medications included Norco, omeprazole, Naprosyn, and a topical cream. Physical examination findings included tingling and cramping of the right toe with occasional severe pain. The injured worker's treatment plan included a Functional Capacity Evaluation, a urine drug screen, an initial course of physical therapy for the right foot, an initial trial of acupuncture to the right foot and great toe, and custom orthopedic work boots to be replaced every 6 months. A Request for Authorization form, dated 12/29/2014, was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Othopedic high work boots and custom made orthosis every 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-277.

**Decision rationale:** The requested orthopedic high work boots and custom made orthosis every 6 months is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends customized orthotics for ankle and foot injuries for chronic pain after the injured worker has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker is status post surgical intervention. However, there was no indication that the injured worker has undergone postoperative conservative treatment. Additionally, the request is for this equipment every 6 months. This does not allow for timely re-evaluation and assessment. As such, the decision for 1 orthopedic high work boots and custom made orthosis every 6 months is not medically necessary or appropriate.

**(1) Prescription of Norco 10mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested prescription of Norco 10 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends opioid therapy initiation when the injured worker is engaged in a pain contract and has failed to respond to first line medications. The clinical documentation submitted for review does not provide any information regarding the injured worker's medication treatment history. There was no documentation that the injured worker has failed to respond to first line medications to include antidepressants and anticonvulsants. Additionally, there was no indication that the injured worker is engaged in a pain contract. Additionally, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested prescription of Norco 10 mg #60 is not medically necessary or appropriate.

**(1) Prescription of Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested prescription of omeprazole 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an

adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for gastrointestinal events related to medication usage. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of omeprazole 20 mg #60 is not medically necessary or appropriate.

**Unknown prescription of Naprosyn topical cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The requested unknown prescription of Naprosyn topical cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends topical nonsteroidal anti-inflammatory drugs when the injured worker is unable to tolerate oral formulations of nonsteroidal anti-inflammatory drugs or when nonsteroidal anti-inflammatory drugs are contraindicated for the patient. The clinical documentation submitted for review does not provide any indication that the injured worker is not able to tolerate oral formulations of this medication. Additionally, the request as it is submitted does not provide an applicable body part, dosage, or frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested unknown prescription of Naprosyn topical cream is not medically necessary or appropriate.

**1 Functional capacity evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 49-56.

**Decision rationale:** The requested unknown prescription of Naprosyn topical cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends topical nonsteroidal anti-inflammatory drugs when the injured worker is unable to tolerate oral formulations of nonsteroidal anti-inflammatory drugs or when nonsteroidal anti-inflammatory drugs are contraindicated for the patient. The clinical documentation submitted for review does not provide any indication that the injured worker is not able to tolerate oral formulations of this medication. Additionally, the request as it is submitted does not provide an applicable body part, dosage, or frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested unknown prescription of Naprosyn topical cream is not medically necessary or appropriate.

**1 Urine drug test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The requested urine drug test is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend urine drug testing when there is suspicion of aberrant behavior or nonadherent behavior to opioid drug usage. The clinical documentation submitted for review does not provide any evidence of symptoms of overuse or withdrawal to support the need for a urine drug screen. As such, the requested urine drug test is not medically necessary or appropriate.