

Case Number:	CM15-0115247		
Date Assigned:	06/23/2015	Date of Injury:	08/27/2014
Decision Date:	07/29/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on August 27, 2014, incurred foot injuries after stepping on a nail. He was diagnosed with osteomyelitis of the ankle and foot, mononeuritis of the lower limb and foot ulcer. Treatment included antibiotics, neuropathic medications, pain medications, wound care, topical analgesic gels and patches and surgical debridement of the foot wound with skin grafting. Currently, the injured worker complained of chronic right foot pain. Magnetic Resonance Imaging of the right foot on May 5, 2015, showed soft tissue ulcer with cellulitis of the fifth metatarsal head but without underlying osteomyelitis or septic arthritis. According to clinic note on 5/21/15 the IW was evaluated by a podiatrist who noted a plantar right foot ulcer 1 cm deep probing to capsule edema with serrous drainage. Cultures were sensitive for Bactrim. He has been approved for surgical debridement of wound with evacuation of abscess and rotational skin flap. The treatment plan that was requested for authorization included prescriptions for Diclofenac, Ondansetron and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Diclofenac 100mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

Decision rationale: According to CA MTUS guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of NSAID and is effective in decreasing inflammation around the site of ulcer and abscess. The guidelines support NSAID use as being effective in reducing pain and inflammation so activity and functional restoration can resume. The utilization reviewer notes that Diclofenac is not appropriate as guidelines limit recommended dosage to under 150mg/day. From my review of the records, including the most recent clinic note by his orthopedist on 5/26/15, the IW is prescribed one tablet of diclofenac 100mg daily which is within the recommended limit for this medication. Considering that this medication is supported by the guidelines, current dosage is standard, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.

1 month supply of Odanestron 4mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Antiemetics.

Decision rationale: Odanestron is appropriate treatment for post-surgical pain. Although the surgical and post-surgical notes are not provided, according to the most recent clinic notes provided, the recommendation for surgical debridement of the open abscess and according to the 5/21/15 podiatry note this was approved and scheduled. Therefore based on the limited records it seems that this medication is prescribed for post-surgical pain and is therefore medically appropriate.

120 tablets Percocet 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: Short acting opioids are recommended as being appropriate for treatment of acute post-operative pain for a limited time period, covering the 3-4 months after the procedure or operation. Although the surgical and post-surgical notes are not provided, according to the most recent clinic notes provided, the recommendation for surgical debridement of the open abscess and according to the 5/21/15 podiatry note this was approved and scheduled. It appears that this prescription is for treatment of post-operative pain and therefore this single prescription of 120 tablets of percocet (without refills) is medically appropriate.