

<b>Case Number:</b>	CM15-0120346		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/18/1993
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 69 year old male, who sustained an industrial injury on October 18, 1993. The mechanism of injury was not found in the medical records. The injured worker has been treated for neck, low back, right shoulder, bilateral knee and right ankle complaints. The diagnoses have included mild degenerative joint disease, moderate midfoot degenerative joint disease, chronic intractable pain, right ankle arthropathy, lumbar-three through sacral-one facet arthropathy, cervical-seven-thoracic-one stenosis, left upper extremity neuropathy and lumbar stenosis with radiculopathy. Treatment and evaluation to date has included medications, radiological studies, MRI, injections, left knee surgery, cervical fusion, right shoulder arthroplasty (non-industrial) and a micro laminectomy. Current medications included Norco and Mobic. Work status was noted to be permanent and stationary. Current documentation dated May 5, 2015 notes that the injured worker reported continuous neck pain which radiated into the interscapular space and down both upper extremities. The injured worker also noted increasing low back pain which radiated down the right lower extremity more in the left lower extremity, bilateral knee pain and continued right ankle pain. The injured workers neck pain was rated a 4- 5/10, his low back pain and bilateral knee pain was rated an 8/10 and his right ankle pain was rated an 8-9/10. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles and a decreased sensation in the right lumbar-four and lumbar-five dermatome. Examination of the bilateral knees revealed tenderness to palpation over the right medial joint line and right medial collateral ligament. Range of motion on the right knee was decreased. Meniscal and stability tests were negative. Right ankle examination revealed no trophic changes and there was no evidence of atrophy or erythema. The injured worker was noted to be wearing a Dorsi assisted ankle-foot orthosis brace. The injured worker was noted to have an antalgic gait and used a single point cane for ambulation. The treating physician's plan of care included requests for ongoing pain management care with a pain management specialist (lumbar, bilateral lower extremities) frequency and duration not indicated, replacement of a Dorsi assisted right ankle-foot orthosis brace and Norco 10/325 mg # 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Replacement Dorsi Assistant Right AFO: Upheld**

**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) Ankle and Foot (acute and chronic), ankle-foot orthosis brace (AFO).

**Decision rationale:** The Official Disability Guidelines recommend an ankle-foot orthosis brace as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. "The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance and if necessary to push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus deformity prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity." The injured worker was noted to have chronic right ankle pain and was noted to be using a Dorsi assisted right ankle-foot orthosis brace. However, there is lack of documentation in the medical records of a diagnosis of foot drop in this injured worker. The Official Disability Guidelines recommend a Dorsi assisted ankle-foot orthosis brace for foot drop. Therefore, the request for a Dorsi assisted ankle-foot orthosis brace is not medically necessary.

**Associated service: Ongoing pain management care with a pain management specialist (lumbar, bilateral lower extremities) \*\*\* frequency and duration not indicated: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medical management Page(s): 5-7.

**Decision rationale:** CA MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In this case the pain has been controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. The frequency and duration of treatment is not indicated. The request is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The MTUS guidelines state that "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The injured worker was noted to have chronic neck, back, knee and ankle pain. Norco has been prescribed for this injured worker since at least December of 2014. Subsequent documentation dated (2/3/2015, 3/3/2015 and 4/7/2015) note that the injured worker had consistent or elevated pain levels. No functional improvement as a result of use of Norco was noted. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Norco. Due to lack of lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Norco is not medically necessary.