

Case Number:	CM15-0120357		
Date Assigned:	06/30/2015	Date of Injury:	11/01/2006
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	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, North Carolina
 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 11/01/2006. Diagnoses include status post remote right ankle surgery; rule out early sympathetically maintained pain syndrome right ankle/lower extremity, right foot pain, cervical pain with upper extremity symptoms and bilateral shoulder pain. Treatment to date has included medications including Hydrocodone, Cyclobenzaprine, Naproxen, and Protonix. Per the Primary Treating Physician's Progress Report dated 3/07/2015, the injured worker reported right and left shoulder pain, right and left ankle pain and left knee pain. Physical examination revealed tenderness of the cervical spine with limited range of motion due to pain. The plan of care included pain medication and diagnostics and authorization was requested for hydrocodone 7.5mg #60 and magnetic resonance imaging (MRI) of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Hydrocodone 7.5mg #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 for chronic pain Page(s): 78-80.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that opioids may be recommended for short-term use (less than 16 weeks) in cases of acute neuropathic pain. They are not intended for long-term use. In this case the date of injury was 11/1/2006 and the patient has been on chronic opioid therapy. In patients prescribed extended use of opioids, pain relief and functional improvement must be documented. This patient has no documented significant pain relief or functional improvement and therefore the request for continuation of chronic opioid therapy is not medically necessary or appropriate.

One (1) MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: The request is for an MRI of the ankle following an injury in 2006 and subsequent surgery of the ankle in 2007. ACOEM Guidelines state that MRI of the ankle requests must meet specific criteria. Criteria for ankle MRI include tendinitis, metatarsalgia, fasciitis and neuroma that yield negative plain radiographs. Ankle MRI may also be useful to clarify a diagnosis of osteochondritis dissecans, osteochondral injury, tendinopathy, pain of uncertain etiology, navicular pain and suspected Morton's neuroma. In this case, none of the above criteria are met and therefore the request for an ankle MRI is deemed not medically necessary or appropriate.