

Case Number:	CM15-0120877		
Date Assigned:	07/01/2015	Date of Injury:	08/11/2014
Decision Date:	08/28/2015	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: Texas, New York, California

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 applicant is a represented 61-year-old who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of August 11, 2014. In a utilization review report dated June 8, 2015, the claims administrator failed to approve a request for Diclofenac, Norco, and a Richie brace. The claims administrator referenced a June 2, 2015 RFA form in its determination. The full text of the UR decision was not attached to the IMR application. The applicant's attorney subsequently appealed. In a May 13, 2015 podiatry note, the applicant was described as off of work, on State Disability Insurance (SDI). The applicant had been terminated by his former employer, it was reported. The applicant was using Norco and oral Voltaren for pain relief, it was noted. A cortisone injection to the subtalar joint apparently demonstrating only transient relief. The applicant did exhibit tenderness about the subtalar joint on exam. The applicant's gait was not clearly characterized. The applicant's neurovascular status was unchanged. The applicant apparently received another corticosteroid injection in the clinic. The applicant was asked to employ a Richie ankle brace. On May 22, 2015, the applicant was again placed off of work, on total temporary disability. Norco was renewed, seemingly without any discussion of medication efficacy. The applicant exhibited a visible limp on this date. The attending provider stated that he wished to consider chronic corticosteroid injection therapy for the applicant's ankle pain complaints. On June 5, 2015, the applicant received another corticosteroid injection, despite the fact that a preceding injection had not proven particularly helpful. The applicant was having difficulty ambulating, it was reported. No discussion of

medication efficacy transpired insofar as either Norco or Voltaren were concerned. On June 12, 2015, the applicant, was again placed off of work. Ambien was renewed. No seeming discussion of medication efficacy transpired insofar as either Norco or Diclofenac were concerned. The attending provider stated that the applicant's activity levels were at a minimum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Richie brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: No, the request for a Richie (ankle) brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, the usage of prolonged supports or bracing without exercise is deemed "not recommended" owing to the risk of debilitation. Here, the attending provider failed to set forth a clear or compelling case for introduction of the brace at this relatively late stage in the course of the claim at issue, i.e., little under a year removed from the date of injury. Therefore, the request was not medically necessary.

Diclofenac Sodium 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for oral Diclofenac, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as noted on multiple progress notes, referenced above, including on June 12, 2015. The applicant was described as having difficulty ambulating, it was reported on multiple occasions, including on May 29, 2015. Ongoing usage of oral Diclofenac (Voltaren) failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of oral Diclofenac. Therefore, the request was not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability, as reported on multiple office visits, May-2015, including on June 12, 2015 and May 29, 2015. The applicant was having difficulty performing activities of daily living as basic as ambulating; it was reported on multiple occasions. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.