MAXIMUS Federal Services

Case Number:	CM15-0124282		
Date Assigned:	07/08/2015	Date of Injury:	07/23/1984
Decision Date:	08/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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, California
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:

This injured worker is a 62-year-old male, who reported an industrial injury on 7/23/1984. His diagnoses, and or impression, were noted to include: lumbar back pain/lumbago; and closed fracture of calcaneus - stable. No current x-rays or imaging studies were noted. His treatments were noted to include a pair of tennis shoes, work boots and support shoes, for bilateral calcaneal fractures, back on 2/17/1988, with replacement of work boots on 5/8/2012, replacement of tennis shoes on 9/19/2013; right laminectomy/discectomy on 4/14/2014; pre-operative clearance and back surgery in 8/2014; physical therapy (8-9/2014); medication management with long-term use of Hydrocodone, increased due to worsened back/leg pain; The progress notes of 11/17/2014 reported moderate-severe pain with the treatment order to include the continuation or ordering work boots once a year, or as needed. The progress notes of 6/11/2015 reported a 6-month follow-up visit for residuals stemming from a low back injury and calcaneal fractures with residual bilateral foot pain resulting in the need for work boots as an everyday shoe, even when not working, to be able to walk without more pain. He complained of worsening low back and right lower extremity pain and the need for continued use of Hydrocodone for chronic residual back and foot/heel pain, which he is expected to stay on opiates indefinitely despite workers compensation insurance denying paying for it. Objective findings were noted to include: that his is a low abuse risk; increased, low back and bilateral heel, pain, from moderate to severe; and that he is in need of new tennis shoes and boots as they have worn out and worsened his pain, which had resulted in him being less physically active. He also reported that the medications help to bring down the pain by 2 points, on the pain scale, and that he did not desire to increase

the dosage of his medications. Physical examination of the lumbar spine revealed muscle spasm and limited range of motion. The patient has had bilateral heel pain at 7/10. The physician's requests for treatments were noted to include a urine drug screen, one pair of tennis shoes and work boots, and the continuation of Hydrocodone as needed for his chronic back pain. The medication list include Hydrocodone, Fluoxetine and trazodone. The patient's surgical history include Hernia repair, knee surgery. The patient has had MRI of the lumbar spine on 1/27/14 that revealed disc protrusions. A recent urine drug screen report was not specified in the records provided. A recent detailed physical examination of the bilateral feet was not specified in the records specified. The patient had used pair of tennis shoes, work boots and support shoes, for bilateral calcaneal fractures. The patient had used a TENS unit for this injury. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing.

Decision rationale: Request Urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment"."Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Hydrocodone. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that a patient is taking controlled substances prescribed by another medical facility or from other sources. The presence of such controlled substances would significantly change the management approach. The request for Urine drug screen is medically appropriate and necessary in this patient.

1 pair of work boots: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: 1 pair of work boots. Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." A recent detailed physical examination of the bilateral foot was not specified in the records specified. Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medications (including NSAIDS) was not specified in the records provided. Significant objective functional deficits that would require 1 pair of work boots was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for 1 pair of work boots is not fully established for this patient.

1 pair tennis shoes: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: 1 pair tennis shoes. Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." A recent detailed clinical examination of the bilateral foot of treating physician was not specified in the records. Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medications (including NSAIDS), was not specified in the records provided. Significant objective functional deficits that would require 1 pair tennis shoes was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for 1 pair tennis shoes is not fully established for this patient.

Hydrocodone 7.5/325mg #120, 2 refills: Upheld

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 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Hydrocodone 7.5/325mg #120, 2 refills. Hydrocodone is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with

non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (antidepressants for chronic pain), without the use of Hydrocodone, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 7.5/325mg #120, 2 refills is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.