MAXIMUS Federal Services

Case Number:	CM15-0022834		
Date Assigned:	03/04/2015	Date of Injury:	06/09/1993
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 06/09/1993. The mechanism of injury was a heavy board table fell on the injured worker's right foot in 1993. The injured worker underwent conservative care, including a molded shoe with custom insert. There was a Request for Authorization submitted for review dated 01/13/2015. The documentation of 12/17/2008 revealed the injured worker had an unchanged neurovascular states and that he had Diabetes and neuropathic changes. The injured worker had pain. The documentation indicated the documentation of 01/09/2015 revealed the injured worker had extensive treatment including medications and diagnostic procedures. The injured worker was given a cortisone injection for a second intertarsal space neuroma with only temporary relief. The injured worker was noted to have a technetium bone scan 10 years prior showing mild arthritis of the foot and ankle. The injured worker had complaints of diffuse dorsal and plantar right foot pain that was not related to weight bearing or nonweight bearing. The physician opined the right foot symptoms were diffuse with paresthesias and pain like a nail being driven through his foot, and the injured worker indicated the area over the dorsal talar head was where the pain was. The injured worker was noted to be on extensive medications, including Norco for foot pain. The injured worker presented in a wheelchair and left CAM walker with a dressing around the left heel due to chronic osteomyelitis from a plantar heel ulcer that was being managed by IV antibiotics. Ambulation was noted to be limited. The injured worker's diagnoses included type 1 diabetes. The medications included gabapentin, asthma inhalers, clotrimazole, ibuprofen, gemfibrozil, hydrochlorothiazide, mini aspirin, lisinopril, amitriptyline, topical hydrocortisone, Qvar,

amlodipine, Lantos, Victoza, metformin, and omeprazole as well as IV antibiotics including ciprofloxacin. The injured worker had prior surgeries including amputation of part of the left forefoot and other noncontributory surgeries. On physical examination of the right foot, the injured worker had severely diminished pedal pulses and elevational pallor and prolonged capillary refill time, indicative of arterial peripheral vascular disease. Sensation was severely diminished with near absent pinprick, diminished vibratory, and much diminished monofilament up to the knee. There were no ulcers or lesions. There was mild hammertoe. The Tinel's sign could not be elicited on any of the nerves around the ankle or over the dorsal foot. Manipulation of the metatarsal phalangeal joints, tarsal metatarsal, and ankle joints did not cause pain or crepitation. There was no right foot deformity with the exception of hammertoes. There was no inflammation, redness, swelling, ulcers, or skin lesions. The 3 views of the x-ray were noted to be remarkably normal except for calcifications of the dorsalis pedis artery between the first and second metatarsal heads and mild arthritic changes in the midfoot. There was osteophytic lipping and perhaps joint space narrowing on the lateral view of the ankle with posterior os trigonum. There was no fracture or osteoporosis. The patient was noted to have profound peripheral neuropathy and probable ischemia. The Request for Authorization was made for right foot MRI for diagnostic purposes and a prescription of tramadol 50 mg 2 tablets every 6 hours as needed for pain with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that disorders of the soft tissue that yield negative radiographs do not warrant other studies, including MRIs. An MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The clinical documentation submitted for review indicated the injured worker had previously undergone extensive treatment, medications, and diagnostic procedures. The specific diagnostic procedures were not noted. The injured worker had x-rays that were normal with the exception of calcification of the dorsalis pedis artery between the first and second metatarsal heads and mild arthritic changes in the mid-foot. The injured worker was noted to have profound peripheral neuropathy and probable ischemia. There were no prior examinations submitted to indicate this was a significant change in symptoms or findings. The physician failed to document the rationale for the MRI with the exception of diagnostic purposes and how the MRI would guide treatment. There was a lack of documentation of exceptional factors to support the necessity for an MRI of the right foot. Given the above, the request for an MRI of the right foot is not medically necessary.

Pain Management: 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 Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or if pain does not improve on opioids in 3 months. The clinical documentation submitted for review indicated the injured worker had chronic pain and was on opiates. The injured worker was noted to have been on narcotic medications and was in need of further treatment. Given the above, the request for pain management is medically necessary.

Tramadol 50 MG #60 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 7th Edition, 2011, Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation for a necessity for 2 refills. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg 60 with 2 refills is not medically necessary.