

Case Number:	CM15-0049748		
Date Assigned:	03/23/2015	Date of Injury:	09/23/2013
Decision Date:	05/13/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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
 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 59-year-old male who reported an injury on 09/23/2013. The mechanism of injury involved a fall. The current diagnoses include degenerative joint disease of the foot, abnormal gait, and ankle synovitis. The injured worker presented on 03/11/2015 for a follow-up evaluation. The injured worker reported persistent pain. It was noted that the injured worker had utilized a weight bearing air cast. The injured worker has also been previously treated with pain medication, physical therapy, custom orthotics, and a lumbar sympathetic block. Cortisone injections for the foot were also administered. The injured worker currently utilizes a TENS unit with continued pain. The injured worker requested to proceed with surgery. Upon examination, there was minimal edema to the left foot, pain at the lateral subtalar joint, left ankle dorsal stiffness, 15 degrees smooth left ankle range of motion, an antalgic gait, tenderness at the anteromedial and lateral ankle gutter, and abnormal pronation through midstance and toe off of the gait cycle with moderate calcaneal eversion on neutral calcaneal stance position on the left. X-rays revealed pes planus, rear foot joint space narrowing. A CT scan of the left rear foot also reportedly revealed evidence of joint space narrowing. Recommendations at that time included continuation of physical therapy and casting. The provider also recommended a left triple arthrodesis with hardware removal. The injured worker was instructed to continue with the current medication regimen of Norco 10/325 mg and Valium 10 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #20 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has continuously utilized the above medication since 12/2014. Guidelines do not support long-term use of this medication. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Alprazolam 0.5mg #20 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker is currently utilizing diazepam. The medical necessity for 2 separate benzodiazepines has not been established. The injured worker does not maintain a diagnosis of anxiety disorder. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Oxycodone HCL 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker has utilized the above medication since

07/2014. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

One foot fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. In this case, it is noted that the original trauma included a comminuted calcaneal fracture. Such fractures frequently require a subsequent surgery. However, the supporting evidence lacks adequate detail to support the surgery. There was a lack of mention of the exact proposed procedure regarding a fusion and a lack of radiographic evidence supporting the necessity for a surgical intervention. Given the above, the request is not medically appropriate.