

Case Number:	CM15-0071072		
Date Assigned:	04/21/2015	Date of Injury:	12/20/2013
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 43 year old male, who sustained an industrial injury on December 20, 2013. The injured worker was diagnosed as having pain in joint of lower leg, pain in joint of ankle and foot and skin sensation disturbance. Treatment and diagnostic studies to date have included medication. A progress note dated February 23, 2015 provides the injured worker complains of left knee pain that radiates down leg to foot rated 6/10. He reports medication helps. Pain is unchanged from previous visit. Physical exam notes antalgic gait with decreased and painful range of motion (ROM). The plan includes ankle brace and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 76-78 and 88-90.

Decision rationale: The patient presents with pain and weakness in his left leg and left knee. The request is for Norco 5/325mg #7. Per 02/25/15 progress report, the patient is currently taking Norco, Naproxen and Protonix. The patient underwent urine drug screenings on 04/14/14, 07/17/14, 10/21/14 and 01/21/15 with consistent results. The patient has been utilizing Norco since at least 11/20/14. The patient remains off work. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the provider has addressed urine drug screenings. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Furthermore, the patient presents with diagnoses of joint of lower leg, pain in joint of ankle and foot and skin sensation disturbance. Long-term use of opiate is not supported for this kind of condition per MTUS. The request is not medically necessary.

Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371 and 372. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371 and 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle chapter, Bracing (immobilization).

Decision rationale: The patient presents with pain and weakness in his left leg and left knee. The request is for Ankle Brace. The patient is s/p left knee arthroscopy with partial medial meniscectomy on 09/23/14. Per 02/23/15 progress report, the patient has antalgic gait. The patient does not use assistive devices. The range of left motion is restricted with flexion to 100 degrees and extension to 170 degrees. ACOEM guidelines, Chapter 14 (Ankle and Foot Complaints) 2004, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines under Ankle Chapter Bracing (immobilization) Topic not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. In this case, the provider does not explain why an ankle brace is being requested. None of the reports indicate that the patient presents with a clearly unstable joint. The review of the reports indicates that the patient walks without assistive devices. The request is not medically necessary.