

Case Number:	CM15-0071113		
Date Assigned:	04/21/2015	Date of Injury:	12/06/2003
Decision Date:	05/21/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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 35-year-old male who sustained an industrial injury on 12/6/03. The injured worker reported symptoms in the left lower extremity. The injured worker was diagnosed as having joint pain ankle/foot. Treatments to date have included oral pain medication and status post open reduction and internal fixation of the calcaneus. Currently, the injured worker complains of left ankle and foot pain. The plan of care was for steroid injections, medication prescriptions and a follow up appointment later.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left ankle and subtalar joint steroid injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. 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): 371. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) Chapter under Injections (corticosteroid).

Decision rationale: This patient presents with continued left ankle pain. The Request for Authorization is not provided in the medical file. The current request is for 1 LEFT ANKLE AND SUBTLAR JOINT STERIOD INJECTION UNDER FLUROSCOPIC GUIDANCE AND CONSCIOUS SEDATION. Treatments to date have included oral pain medications and an open reduction and internal fixation of the calcaneus (the date of surgery is not provided in the medical file). The patient's work status was not addressed. ACOEM chapter 14, page 371 Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter under Injections (corticosteroid) states: "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. (Crawford, 2000) Tendon (Achilles tendonitis): Not Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures...." The medical file provided for review includes one progress report from 01/16/15 and a UDS from 08/18/14. The treating physician states that the patient has inversion and eversion of the foot, with significantly decreased ankle joint movement and degenerative changes in the ankle and subtalar joint and recommended a steroid injection of the left ankle. In this case, corticosteroid injection about the ankle/foot is supported when the patient has Morton's neuroma, plantar fasciitis or heel spur. This patient suffers from chronic left ankle and subtalar joint pain and does not meet the indications outlined in ACOEM and ODG for a cortisone injection of the ankle. The request IS NOT medically necessary.

60 fenoprofen 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with continued left ankle pain. The Request for Authorization is not provided in the medical file. The current request is for 60 FENOPROFEN 400MG. Treatments to date have included oral pain medication and status post opens reduction and internal fixation of the calcaneus (the date of surgery is not provided in the medical file). The patient's work status was not addressed. For anti inflammatory medications, the MTUS Guidelines page 22 states, "Anti inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The medical file provided for review includes one progress report from 01/16/15 and a UDS from 08/18/14. It is unclear when the patient was first prescribed this medication. As the drug

screen report from 08/18/14 lists fenoprofen as a current medication, it is clear the patient has been utilizing these medications since at least 08/18/14. The medical file provided for review includes one progress report with no discussion regarding decreased pain or change in function with the use of fenoprofen. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.

75 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with continued left ankle pain. The Request for Authorization is not provided in the medical file. The current request is for 75 NORCO 10/325MG. Treatments to date have included oral pain medication and status post open reduction and internal fixation of the calcaneus (the date of surgery is not provided in the medical file). The patient's work status was not addressed. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The medical file provided for review includes one progress report from 01/16/15 and a UDS from 08/18/14. It is unclear when the patient was first prescribed this medication. As the drug screen report from 08/18/14 lists Norco as a current medication, it is clear the patient has been utilizing these medications since at least 08/18/14. The medical file provided for review includes one progress report, which provides no discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions of possible adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.