

Case Number:	CM13-0004783		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2007
Decision Date:	03/06/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old female who reported an injury on July 25, 2007. The patient is diagnosed with cervical spine junctional pathology, lumbar discopathy, lumbar radiculopathy, right ankle sprain, and left knee pain, status post arthroscopy. The patient was seen by [REDACTED] on June 27, 2013. The patient reported ongoing right ankle pain. Physical examination revealed positive sciatic stretch sign, tenderness to palpation over the lateral malleoli, exquisite pain with palpation to the Achilles tendon, and tenderness over the extensor tendons. Treatment recommendations included an MRI of the right ankle and continuation of current medications including tramadol ER and transdermal creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

extracorporeal shockwave therapy to the right ankle/foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Extracorporeal shock wave therapy

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that limited evidence exists regarding extracorporeal shockwave therapy in treating plantar fasciitis to reduce pain and improve function. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. As per the documentation submitted, the patient does not maintain a diagnosis of plantar fasciitis. There is also no documentation of a failure to respond to previous conservative treatments including rest, ice, NSAIDs, orthotics, physical therapy, and injections. Based on the clinical information received, the request is non-certified.

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Magnetic Resonance Imaging.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that for most cases presenting with true foot and ankle disorders, special studies are not needed until after a period of conservative care and observation and failed. As per the documentation submitted, there is no evidence of unresponsiveness to conservative treatment. There were no plain films obtained prior to the request for an MRI. Physical examination only reveals tenderness to palpation over the lateral malleoli, extensor tendons, and Achilles tendon. The medical necessity of the requested procedure has not been established. Therefore, the request is non-certified.

Cartivisc 500/200/150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The California MTUS Guidelines state that glucosamine and chondroitin sulfate are recommended as an option, given the low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

Fluriflex 15/10% cream, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient continuously utilizes this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, guidelines state any compounded product that contains at least one (1) drug that is not recommended, is not recommended as a whole. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

TGHot 8/10/2/2/.05% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient continuously utilizes this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, guidelines state any compounded product that contains at least one (1) drug that is not recommended, is not recommended as a whole. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.