

Case Number:	CM13-0023555		
Date Assigned:	11/15/2013	Date of Injury:	05/17/2011
Decision Date:	06/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/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:

This is a 34-year-old claimant with industrial injury dated 3/21/02. An exam note by the treating physician dated 07/31/2013, demonstrates ongoing left ankle pain, swelling and numbness in the calf and foot. The report notes that the patient has a mildly antalgic gait, and is able to heel and toe walk. Tenderness is noted to palpation at the anterior talofibular ligament and peroneal tendon. Positive Tinel's sign noted over tarsal tunnel with decreased sensation at the L4, L5 and S2 dermatomes with decreased motor strength in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND KETOPROFEN 20% ONE (1) TUBE OF 120GM, CYCLOPHENE 5% ONE (1) TUBE OF 120GM, DEPRIZINE 15MG/ML ORAL SUSPENSION 250 ML, DICOPANOL MG/ML SUSPENSION QUANTITY 150 ML:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is lack of support by the guidelines due to insufficient evidence in the records from 7/31/13 to support the medical necessity. Therefore, the determination is for non-certification.

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) OF UNSPECIFIED FREQUENCY AND DURATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANKLE/FOOT CHAPTER, WEB EDITION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE AND FOOT, EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT).

Decision rationale: The Official Disability Guidelines indicate that the use of extracorporeal shockwave therapy (ESWT) is only recommended for patients with plantar fasciitis, who have failed standard treatment. The records do not demonstrate evidence of plantar fasciitis and therefore, the determination is for non-certification.