

<b>Case Number:</b>	CM13-0027371		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	09/11/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Occupational Medicine, 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:

There were 208 pages in this review. There was a California modified certification on September 12, 2013. The diagnoses were posterior tibial tendon dysfunction, traumatic tear to the posterior tibial tendon, internal derangement of the ankle joint, internal derangement of the Subtalar joints, chronic pain, posterior tibial nerve pain, peroneal nerve pain, entrapment neuropathy at the posterior tibial nerve and entrapment neuropathy of the peroneal nerve and its branches. The request was for an intra-articular injection under ultrasound and also the medications Neurontin and Celebrex. The intra-articular injection under ultrasound was non-certified and there was a partial certification for Neurontin 100 mg for a one-month supply and Celebrex 200 mg for a one-month supply. Per the records provided, the claimant is 47 years old. There was pain and edema to the left ankle associated with range of motion of the ankle and the Subtalar joint. The pain was improved about 50% with Celebrex. The claimant uses the medicine as needed. There is also pain in the right foot in the exact same areas. The pain is attributed to overuse due to changes in walking associated with a left foot pain. The first Subtalar joint injection gave 60% relief. The second one given in the ankle gave 100% relief for two days. The nerve pain reduced with the second injection to the ankle as well as the use of soft ankle braces. The previous reviewer noted that intra-articular steroids are not recommended due to a lack of proven efficacy in ankle conditions. It was felt that the partial certification on the medicine was reasonable. The patient in other notes is described as a 48-year-old individual who was injured back in the year 2010. The claimant was cleaning around a Jacuzzi and slipped and fell forward and intervertebral left ankle and landed on the right knee and then on both hands and shoulders. There have now been 4 to 5 injections of the ankle. There were pain medicines. There was a normal MRI of the right knee. There was a circumferential tear of the medial meniscus. An MRI of the ankle

reviewed on January 17, 2014 was noted to be positive but no other details. There was significant intrasubstance tear and rupture of the posterior tibial tendon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Intraarticular Injection under Ultrasound: 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 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** Per the MTUS, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The concern is that multiple injections [4-5] have been done, and the steroid repetitively administered can produce more damage. The request is not medically necessary.

#### **Neurontin 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS), and Not Given.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 and 19.

**Decision rationale:** The MTUS notes that anti-epilepsy drugs (AEDs) like Neurontin are also referred to as anti-convulsant or neuroleptics, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is not medically necessary.

#### **Celebrex 200mg q.d.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk, Not Given.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

**Decision rationale:** The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for Cardio protection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex is not medically necessary.