

Case Number:	CM13-0029287		
Date Assigned:	01/15/2014	Date of Injury:	05/13/2013
Decision Date:	03/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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 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 reported a date of injury of 05/13/2013. The listed diagnosis per [REDACTED] dated 09/09/2013 is plantar fasciitis to both feet. According to report dated 09/09/2013, the patient presents with "pain in the plantar fascia in the bilateral feet." Patient is noted to have effusion on the right heel and none on the left. There is tenderness mildly to the left calcaneal compression. Patient was also noted to have mild to moderate discomfort on the right heel. Physician states that patient uses DermaTran cream and reports, "It feels that this is helpful." Physician requests kinesiology tape and DermaTran cream 120gms

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Kinesiology Tape: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Kinesio tape (KT).

Decision rationale: This patient presents with pain in the plantar fascia to both feet. The physician is requesting kinesiology tape to be wrapped around the right heel for support. The MTUS and ACOEM Guidelines do not discuss kinesiology tape. However, the ODG Guidelines under Kinesio tape (KT) states, "Not recommended. The efficacy of Kinesio tape in preventing ankle sprains is unlikely as it had no effect on muscle activation of the fibularis longus and Kinesio tape had no significant effect on mean or maximum muscle activity compared to no tape." Kinesio tape is not recommended by ODG Guidelines. Therefore, recommendation is for denial.

The request for Derma Tram Cream Compound 120gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with plantar fasciitis to both feet. Utilization review dated 09/19/2013 denied the request stating "compounded topical analgesic containing the NSAID diclofenac, muscle relaxant baclofen, local anesthetic bupivacaine, and anticonvulsant gabapentin is not recommended for compounded topical analgesic." The MTUS Guidelines regarding topical creams page 111 under chronic pain section states, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The requested compound topical analgesics contain baclofen which is not recommended in any compound formulation. Recommendation is for denial.