

<b>Case Number:</b>	CM13-0037866		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Illinois 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 26-year-old female who reported an injury on 06/16/2008. The mechanism of injury was reported that the patient, while training with the fire department one late afternoon, discovered a ping-pong sized ball lump in the back of her right heel with a burning, stinging pain shooting up her calf. The patient was diagnosed with a partially torn Achilles. The patient continued to complain of ankle pain. The patient had an MRI on 07/24/2008 which showed normal results. The patient reported the pain had spread in her foot and seemed to be spreading to different areas. The patient also reported that the pain in her foot was sensitive to light touch and painful when exposed to cold air. The patient was then diagnosed with probable chronic regional pain syndrome of the right foot. The clinical documentation states the patient then started medication and physical therapy was requested. The patient reported that after she started physical therapy on 09/29/2008, the pain in her leg was back to its original level. The patient also reported color changes in the skin. The patient stated the pain seemed to radiate to the back of her thigh. On 10/28/2008, the patient had a bone scan that was normal and an x-ray of the right foot that was normal. The patient was then diagnosed with chronic regional pain syndrome type I of the right lower extremity, mainly foot and ankle. The patient also had situational depression and insomnia secondary to pain. An MRI was requested as the pain in the lower limb attributed to lumbar radiculopathy. The MRI on 12/16/2008 of the lumbar spine was normal. The patient had a lumbar sympathetic block on 01/15/2009 and 02/12/2009. The patient started seeing an acupuncturist on 02/24/2009. Between 2009 and 10/15/2013 the patient had been treated with physical therapy, acupuncture, chiropractic care, medications, and injections. The patient continued to complain of constant burning pins and needles, stabbing, and aching pains in the right foot and toes with frequent right foot cramping. The patient reported the burning pain frequently radiated to the back of the calf. The patient also stated that she felt her

symptoms had gotten a lot worse. The patient stated she has experienced temperature changes, excessive sweating and cramping in the hands and feet. The patient stated she has extreme hypersensitivity to cold, heat, and touch. The patient reported having frequent sharp pain in her fingers and toes which seems to come on randomly and can affect any of her digits. The patient also stated she has frequent stabbing pain in the lower back. The patient reported she has experienced pain radiating down the buttocks to both thighs. The patient also stated she is having severe headaches. The physical examination revealed no lower or upper extremity muscle atrophy. There was diffuse tenderness of her right distal lower extremity. There were no gross visible stigmata of complex regional pain syndrome in any of her limbs although her distal extremities were cold. There was some mild livedo reticularis involving her lower extremities, no differential care, skin or color change. The patient was then diagnosed with right lower extremity complex regional pain syndrome with subjective symptoms consistent with centralization and spread to other limbs, psychiatric comorbidity, and chronic pain syndrome. The doctor made no additional recommendations for the patient.

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

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

**Gala herbal formula, QTY: 30.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain and Herbal Medicines.

**Decision rationale:** California MTUS/ACOEM does not address the request at hand. The Official Disability Guidelines state a variety of herbal medicines have been used for nonspecific low back pain, but quality evidence is available for only 3 categories: Salix alba, white willow bark, and topical capsaicin (cyan). The clinical documentation submitted for review did not provide adequate documentation to indicate a medical necessity for the gala herbal formula. Also, no herbal supplement or medications were listed in the clinical documentation that the patient may have been using. Given the lack of documentation to support the guideline criteria, the request is non-certified.

**Gaba/keto/lido ointment 240 grams, QTY: 1.00:** Upheld

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

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

**Decision rationale:** California MTUS states any compounded product that contains at least 1 drug is not recommended. The guidelines also state that gabapentin is not recommended. They

also state that ketamine is under study and only recommended for the treatment of neuropathic pain in refractory cases. Also, topical lidocaine, in the formulation of a dermal patch (Lidoderm) is the only commercially approved topical formulation of lidocaine. Given the lack of documentation to support the guideline criteria, the request is non-certified.

**Namenda 5mg, QTY: 30.00:** 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 <http://www.rxlist.com/namenda-drug/patient-images-side-effects.htm>

**Decision rationale:** Neither California MTUS/ACOEM nor Official Disability Guidelines address the request. The clinical information submitted for review does not provide adequate information to deem the use of Namenda medically necessary for this patient. Namenda is used to treat moderate to severe dementia of the Alzheimer's type. No clinical documentation was submitted that indicated that the patient was experiencing any dementia symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.