

<b>Case Number:</b>	CM13-0045320		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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 55 year old male injured worker with date of injury 1/17/11 with related low back, right foot, and lower extremity pain. He also reports having numbness and tingling in the bottom of his right foot and the back of his calf. Industrial injury of the right foot led to pain and disability in the mid foot with consequent MRI and x-ray taken. No fractures were noted. He did have a contusion of the lateral aspect of the calcaneus and talar neck. The use of crutches was complicated by a history of lumbar disc disease and sciatica on the right. MRI of the right foot 9/28/11 revealed moderate posterior tibial tendon tendinosis. EMG/NCS studies 2/7/12 confirmed a tarsal tunnel syndrome on the right. The injured worker underwent tarsal tunnel release 7/10/12 and at that time several fibrinous bands were noted to be impinging on the posterior tibial nerve in the tarsal tunnel. He had an uncomplicated recovery from his surgery, but his pain did not improve significantly. The date of UR decision was 11/4/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One TENS Unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic.)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-116.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per UR treatment appeal dated 12/4/13, the injured worker has had chronic intractable pain which has lasted for several months, has evidence of neuropathy on exam (diminished ankle reflexes on right and weakness of extensor hallucis longus), and has failed chiropractic treatment and physical therapy. Furthermore, the injured worker has used a TENS unit in the past which improved overall function. Finally, short and long term goals are established as benefitting pain and improving function and in the long term avoiding expensive procedures and surgeries. The request is medically necessary and appropriate.

**One prescription of Voltaren 1% gel:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain, section on Diclofenac sodium.

**Decision rationale:** With regard to topical NSAIDs, MTUS Chronic Pain Guidelines state "these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The Official Disability Guidelines recommend Voltaren gel after failure of an oral NSAID or contraindications of oral NSAIDs. Per a 12/4/13 note, the injured worker has a long history of NSAIDs intake. He reports gastritis and GI upset with NSAIDs, therefore he was provided Voltaren gel for topical pain relief. While there is no clinical evidence of osteoarthritis, the injured worker was diagnosed with moderate tendinosis, for which topical NSAIDs are indicated. Being that the structures in the foot are immediately subcutaneous, the benefit of this medication will likely be greater. The request is medically necessary and appropriate.

**One functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The ACOEM Guidelines recommend functional capacity evaluations (FCE) when necessary to translate medical impairment into functional limitations to determine work capability. The Official Disability Guidelines (ODG) details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the employee has had prior unsuccessful return to work attempts, that the employee requires a modification for return to work, or that the employee has additional injuries which require detailed exploration of the employee's abilities. These are the criteria set forth by the ODG for the consideration of an FCE. As the criteria are not met, the request is not medically necessary.