

Case Number:	CM13-0049648		
Date Assigned:	06/09/2014	Date of Injury:	01/22/2012
Decision Date:	08/06/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal 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:

PR-2 progress report 12-05-2013 documented diagnoses of left foot pain, fourth and fifth Morton's neuroma and left fifth metatarsal fracture. Treatment plan included sclerosing injections of the left fourth and fifth Morton's neuromas, comfort pack which include Ibuprofen. Objective Findings: Examination of the left foot, to observation, there is no gross deformity. She has normal range of motion at the ankle and the foot. She has normal sensation to touch of the foot and ankle. With the compression test of the forefoot, she has pain at the fourth and the fifth interspaces consistent with Morton's neuromas. She walks with a very antalgic gait. With direct palpation at the fifth metatarsal head, she has no pain. That fracture is entirely healed. Date of injury was 01-22-2012. The utilization review decision date was 10-14-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCLEROSING INJECTION FOR NEUROMA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Sclerotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Ankle & Foot (Acute & Chronic)Sclerotherapy Not recommended. Laboratory studies may lend some biological plausibility to claims of connective tissue growth, but high quality published clinical

studies are lacking. The dependence of the therapeutic effect on the inflammatory response is poorly defined, raising concerns about the use of conventional anti-inflammatory drugs when proliferant injections are given. The evidence in support of sclerotherapy is insufficient and therefore, its use is not recommended.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 105) states: Sclerotherapy is not recommended. Sclerotherapy has no proven value via well-controlled, double blind studies and may have harmful effects. Official Disability Guidelines Ankle and Foot (Acute & Chronic) states: Sclerotherapy is not recommended. High quality published clinical studies are lacking. The evidence in support of sclerotherapy is insufficient and therefore, its use is not recommended. Work Loss Data Institute guidelines for Ankle & Foot (acute & chronic) considered sclerotherapy, but sclerotherapy is not currently recommended. PR-2 progress report 12-05-2013 documented diagnoses consist of left foot pain, fourth and fifth Morton's neuroma left fifth metatarsal fracture. Objective Findings: Examination of the left foot, to observation, there is no gross deformity. She has normal range of motion at the ankle and the foot. She has normal sensation to touch of the foot and ankle. With the compression test of the forefoot, she has pain at the fourth and the fifth interspaces consistent with Morton's neuromas. With direct palpation at the fifth metatarsal head, she has no pain. That fracture is entirely healed. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines, ODG guidelines, and Work Loss Data Institute guidelines do not recommend sclerotherapy. Therefore, the request for Sclerosing Injection for Neuromas is not medically necessary.

COMFORT PACK CONTAINING IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: Medical treatment utilization schedule Chronic Pain Medical Treatment Guidelines states that all NSAIDs have the U.S. Boxed Warning: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. PR-2 progress reports dated 12-05-2013 and 01-27-2014 do not document blood pressure or laboratory test results. MTUS guidelines recommends blood pressure and laboratory test monitoring, when prescribing NSAIDs. Because blood pressure and laboratory test monitoring is not documented, NSAIDs are not recommended. Therefore, the request for comfort pack containing Ibuprofen is not medically necessary.