

Case Number:	CM13-0050091		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2008
Decision Date:	05/12/2014	UR Denial Date:	10/17/2013
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 Physical Medicine & Rehabilitation 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:

The injured worker is a 50-year-old male who reported an injury on 10/14/2008. The injured worker was reportedly struck on the left first toe by a jackhammer blade. Current diagnoses include left hip pain, plantar fascial fibromatosis, reflex sympathetic dystrophy of the lower leg, toe pain, and crushing injury of the toe. The injured worker was evaluated on 09/23/2013. The injured worker reported burning and numbness in the left great toe as well as aching in bilateral hips. Physical examination revealed 3/5 strength of the left great toe, allodynia and hyperesthesia in the left great toe, 2+ patellar reflexes and 1+ Achilles reflex. Treatment recommendations at that time included continuation of current medication as well as authorization for a new pair of orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG 1 TAB DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high-risk for gastrointestinal events. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors. There is also no quantity listed in the current request. Therefore, the request is non-certified.

ORTHOTIC SHOES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Odc, Ankle & Foot, Shoes

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Current diagnoses for this injured worker include plantar fascial fibromatosis, reflex sympathetic dystrophy, toe pain, and crush injury. Evidence-based guidelines do not recommend orthotic shoes for the above-listed diagnoses. The medical necessity has not been established. Therefore, the request is non-certified.

FLEXERIL 7.5MG 1 TAB BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no quantity listed in the current request. Therefore, the request is non-certified.

TEROCIN: METHYL SALICYLATE, CAPSAICIN, MENTHOL AND LIDOCAINE, TWO (2) BOTTLES: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there is no evidence of a trial of first-line therapy with antidepressants or anticonvulsants prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. Therefore, the request is non-certified.

NORCO 10/325MG 1 TAB BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 05/2013. There is no evidence of objective functional improvement. There is also no quantity listed in the current request. Therefore, the request is non-certified.