

Case Number:	CM13-0056094		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2011
Decision Date:	05/05/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 03/03/2011. The mechanism of injury was not stated. The injured worker is diagnosed with left foot/ankle trauma, gastrointestinal pain, and benign plantar fibromatosis. The injured worker was evaluated on 09/20/2013. The injured worker reported ongoing left foot symptomatology. The injured worker also reported elevated blood pressure. Physical examination revealed an antalgic gait, a mass on the left foot, no signs of abscess formation, exquisite tenderness to the plantar fascia and plantar surface of the foot, decreased range of motion, and physical distress. Treatment recommendations at that time included a follow-up visit with a podiatrist, a consultation with an internal medicine specialist secondary to hypertension, continuation of bracing, and a followup visit within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL-DM ULTRACREAM 4%/20%/10% 240 GRAMS, QUANTITY: 1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There are no guideline recommendations for the use of an antidepressant or an opioid as a topical product. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

INTERNAL MEDICINE SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, (2004), Chapter 7, Page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, it was noted that the injured worker requires an internal medicine consultation secondary to hypertension. However, there was no documentation of the injured worker's current vital signs. There was no evidence of chronic hypertension. The medical necessity has not been established. Therefore, the request is non-certified.

RE-EVALUATION WITHIN SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 5th Edition, 2007, Hip Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician followup is appropriate when a release to modified, increased, or full duty is needed or after appreciable healing or recovery is expected. As per the documentation submitted, the injured worker is currently referred to a podiatrist for possible surgical intervention. Therefore, the medical necessity for a followup visit with an additional orthopedic surgeon has not been established. As such, the request is non-certified.