

Case Number:	CM13-0067590		
Date Assigned:	01/08/2014	Date of Injury:	08/22/2013
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational 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:

The patient is a 32-year-old who was injured on 08/22/2013. The patient sustained an injury to her left foot. The mechanism of injury is unknown. Diagnostic studies reviewed include: X-ray, AP and Oblique films demonstrated changes consistent with a non-healing fracture of the cuboid. MRI of the left foot without contrast performed on 10/03/2013 revealed nondisplaced, intraarticular fracture of the cuboid and bone contusion of the second metatarsal head. MRI of the left foot without contrast performed on 01/10/2014 revealed comminuted, intra-articular fracture of the cuboid with persistent fracture lines, although this has improved since the previous exam. There is still accompanying edema seen along the fracture line. There is a 1 mm of offset seen at the proximal articular surface of the cuboid. A note dated 11/05/2013 documented the patient to have complaints of continued pain and swelling of the left foot. The patient was unable to tolerate weightbearing pressure. The patient was diagnosed with nonunion fracture of the left cuboid, neuroplexus, left; and possible reflex sympathetic dystrophy. The treatment and plan for this patient consisted of Lyrica 75 mg BID, neurology consult, bone stimulator and continued NWB states. A note dated 12/23/2013, [REDACTED], stated the patient was seen for chronic nonunion of a cuboid fracture. Final Determination Letter for IMR Case Number CM13-0067590 3 This has been present for several months and the patient has failed to heal, causing frequent episodes of moderate to severe sharp pain, stimulated by weight bearing activity and relieved by rest; this condition makes it difficult to wear shoes, bear weight or perform regular activities without distress. The pedal pulses are palpable; feet are warm to touch. There is no clubbing or cyanosis; normal protective sensory threshold was present without Babinski or clonus. There is tenderness to palpation of the deep peroneal and saphenous nerve distribution. There is decreased muscle strength, tone and development are present. There is mild lateral deviation of the hallux and hyper mobility of the medial column. There is tenderness with

palpation of the cuboid. The patient was unable to bear weight, ambulating with crutches. The patient was diagnosed with non-union fracture cuboid. This patient requires a bone stimulator to increase the rate of healing and decrease the chronic pain

IMR ISSUES, DECISIONS AND RATIONALES

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

A BONE STIMULATOR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute and Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute and Chronic) Chapter, Bone Growth stimulators

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, bone growth stimulators are recommended as an option for non-union of long bone fractures. In this case, this patient continues to have left foot pain and swelling and unable to tolerate weightbearing activities. There is an MRI dated January 10, 2014, that showed comminuted, intra-articular fracture of the cuboid with persistent fracture lines with accompanying edema seen along the fracture line. The request for a bone stimulator is medically necessary and appropriate

LYRICA 75 MG: 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), Pain Procedure Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20,99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, there is no documentation of diabetic neuropathy or postherpetic neuralgia. The request for Lyrica 75 mg is not medically necessary or appropriate

A NEUROLOGY CONSULTATION: 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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 503

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, this patient appears to have persistent left foot pain and swelling. A note dated December 23, 2013, indicates there is tenderness to palpation over deep peroneal and saphenous nerve distribution. There is decreased muscle strength, tone and development are present. The request for a neurology consultation is medically necessary and appropriate