

<b>Case Number:</b>	CM13-0070423		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Family 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:

This injured worker's date of injury was 06/06/'13. The patient's physician is treating him for chronic left ankle and foot pain. According to the treating physician's note dated 10/23/'13, the patient had a left fibular fracture repaired with surgery and then he wore a walking boot for 5 weeks until 08/23/'13. At a local emergency department he was later treated for ongoing pain with antibiotics. The pain was then described as aching, sharp, and burning. On exam on 10/23/'13, there was 1+ swelling to the middle of the left calf. Some bluish-reddish coloration noted. No allodynia observed. Skin on left foot appeared glassy. He was diagnosed with chronic pain syndrome and reflex sympathetic dystrophy of the lower limb. ⚡

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS 10/23/2013 Injection, Intramuscular, Vitamin B1, B6, and B12 (1000 mcg) #1:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation non-Medical Treatment Utilization Schedule (MTUS) citation: Other Medical Treatment Guideline or Medical Evidence: Official Medical Fee Schedule, accessed online

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation non-Medical Treatment Utilization Schedule (MTUS)

citation: Other Medical Treatment Guideline or Medical Evidence: Official Medical Fee Schedule, accessed online

**Decision rationale:** This injured worker's physician is requesting retrospective coverage for treating this patient with an injection of B vitamins. The physician did not diagnose the patient with any form of vitamin deficiency. The Official Medical Fee Schedule specifically states that vitamin and mineral supplements are not reimbursable unless a specific deficiency state has been established. Based on the documentation provided, the request for retro authorization of the B vitamin injection is non-certified.

**Retro DOS 10/23/2013 Medrox ointment 240 unit #1:** Upheld

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

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

**Decision rationale:** The treating physician has requested retro authorization for Medrox ointment, which is a topical analgesic. The patient has chronic ankle and foot pain. Topical analgesics are considered experimental. There are few randomized controlled clinical trials that show efficacy in treating chronic pain. Some clinicians use topical analgesics in treating neuropathic pain, after the patient has had a trial of anti-depressants and anticonvulsants which have failed. No such treatment was documented, based on the documentation presented; the retro request for Medrox ointment is non-certified.

**Retro DOS 10/23/2013 Muscle testing #1:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Knee, Section: computerized muscle testing

**Decision rationale:** The patient's treating physician has requested a retro authorization for muscle testing. According to the Official Disability Guidelines (ODG) Guidelines, there is no evidence from clinical trials to recommend these tests. There is no known advantage to using the data generated from these computerized systems over standard clinical assessment. The request for retro authorization of muscle testing is non-certified.