

<b>Case Number:</b>	CM14-0112164		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 37 year old female who reported an injury on 07/16/2013. The mechanism of injury was a slip and fall on standing water in the women's restroom. Her diagnoses included status post inversion/eversion rotation injury to the left ankle, post-traumatic arthrofibrosis (scar) with lateral impingement lesion, 2+ anterior and inversion instability, and plantar fasciitis as result of compensable gait. Past treatments included pain medication, chiropractic adjustments, physiotherapy, and nonsteroidal anti-inflammatory drugs. She was also provided with a controlled range of motion boot for approximately six weeks. Diagnostic studies were not indicated in the clinical notes. The injured worker has not had any prior surgeries. On 06/19/2014, her subjective complaints included severe left ankle pain, worse with weight bearing and walking. She also complained of balance problems, weakness and tenderness over the lateral aspect of her ankle during the visit. On her previous visit with the pain and rehabilitation physician she reported a pain level of 2-3/10 at rest and a pain rating of 7-8/10 while performing repetitive weight bearing activities. Physical examination revealed decreased left ankle dorsiflexion at 4 of 5 and ankle plantar flexion 4 of 5. Also there was moderate to severe tenderness to the lateral ankle, 2+ anterior drawer and 2+ inversion stress signs consistent with bipolar left ankle instability. The medication encompassed in the clinical notes included Lyrica 75mg at bedtime and Aleve for swelling and pain. The treatment plan included 1 series of three corticosteroid injections to the left ankle, Lyrica 75mg #10 with 3 refills, an AFO left ankle brace for the instability, and a night splint for the left foot. The rationale for request was not included in the clinical notes. The authorization for request form was signed but no date was indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 series of 3 corticosteroid injections to the left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG, Ankle and Foot (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the California MTUS ACOEM Guidelines, invasive techniques, including injection procedures, have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's Neuroma or plantar fasciitis or heel spur, if four to six weeks of conservative therapy is ineffective. The injured worker was noted to have a diagnosis of plantar fasciitis and to have had extensive conservative treatment. However, the request, as submitted, is for injection to the ankle, which is not indicated by the guidelines. Additionally, a series of injections would not be supported as repeat injections are generally based on results from prior injections. Based on the guidelines which only recommend corticosteroid injections to treat painful condition of the feet, specifically Morton's Neuroma, plantar fasciitis, or heel spur, the request is not supported. As such, the request for 1 series of 3 corticosteroid injections to the left ankle is not medically necessary.

**Lyrica 75 mg #10 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** Based on the California MTUS Guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, and is considered first-line treatment for neuropathic. The continued use of anti-epilepsy drugs (AEDs) for pain depends on improved outcomes with evidence of pain relief and improvement in function as well as documentation of side effects. Based on the clinical notes dated 06/03/2014 there are no outstanding neurological findings that indicate the use of Lyrica for neuropathic pain. Also according to the clinical notes the patient has been prescribed Lyrica for an unspecified amount of time, but there is no significant decrease in pain or discomfort to the left ankle or evidence of increased function. Additionally, the request, as submitted, did not specify a frequency of use. For the reasons listed above, the request for Lyrica 75mg #10 with three refills is not medically necessary.

