MAXIMUS Federal Services

Case Number:	CM14-0165241		
Date Assigned:	10/10/2014	Date of Injury:	04/19/2013
Decision Date:	11/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 51 year old male who sustained a work injury on 4-19-13. On 12-17-13, the claimant underwent surgery. It is noted he had an osteochondral fracture of the first metatarsophalangeal joint left foot with degenerative joint disease. Office visit on 10-8-14 notes the claimant has the same level of first metatarsal phalangeal joint pain. On exam, the claimant had tenderness at the plantar sesamoid fibular, range of motion was 30 degrees dorsiflexion and 20 degrees plantar flexion without crepitus. Swelling is present. The claimant has an antalgic gait. The claimant asked about a joint fusion, which was not recommended at his age. The claimant was provided with an injection to the joint from plantar into the fibular sesamoid apparatus. The claimant reports that wearing a postop shoe and Lidoderm patch does not do much.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, and 309, table 12-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 177-179

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG, this medication is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is an absence in documentation noting that this claimant has failed first line of treatment or that he has FDA indication for this medication, i.e., post herpetic neuralgia. Additionally, the claimant reports that Lidoderm does not provide help. Therefore, the medical necessity of this request is not established.

One Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 - 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Lidoderm

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG, this medication is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is an absence in documentation noting that this claimant has failed first line of treatment or that he has FDA indication for this medication, i.e., post herpetic neuralgia. Additionally, the claimant reports that Lidoderm does not provide help. Therefore, the medical necessity of this request is not established.

One pair of orthopedic shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter, Online Edition (www.odgtreatment.com)

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

Decision rationale: ACOEM indicates that rigid orthotics may decrease pain for patients with plantar fasciitis and metatarsalgia. The cm reports that wearing a postop shoe does not help. Based on the records provided, the medical necessity of this request is not established, particularly since postop shoe provides no benefit.