

Case Number:	CM14-0169675		
Date Assigned:	10/17/2014	Date of Injury:	01/27/2000
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Interventional Spine 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 44 years old male with an injury date on 01/27/2000. Based on the 08/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Plantar Fasciitis 2. Neuropathic pain, 3. Edema. According to this report, the patient complains of "continues to experience plantar foot and heel/increase at end of the day." The patient has an "altered gait, burning pain heel and planter fasial [fascia] pain and strain. The patient's subjective and objective findings from 05/09/2014 and 06/13/2014 reports remain the same; no change. There were no other significant findings noted on this report. The utilization review denied the request on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/01/2014 to 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit: 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 and Foot Chapter: Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 8 OF 127.

Decision rationale: According to the 08/19/2014 report by [REDACTED] this patient "continues to experience plantar foot and heel/increase at end of the day." The treater is requesting office visit. The utilization review denial letter states "The documentation provided contains no detail of physical examination, dynamics of the patient's condition over time and tried/failed past treatments, which could justify the necessity for a follow up visit." Regarding "office visit," MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. It is not known why this request was denied. Office visitation must take place for the patient to be treated. The continues to be symptomatic and should be allowed specialty visitation. Recommendation is for authorization.

Lidocaine injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creamschronic pain sectionTopical Analgesics Page(s): 111 112.

Decision rationale: According to the 08/19/2014 report by [REDACTED] this patient presents with "continues to experience plantar foot and heel/increase at end of the day."The treater is requesting Lidocaine injection. Regarding Lidocaine, MTUS guidelines states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, the requested Lidocaine injection is not in accordance with the guidelines. Recommendation is for denial.

Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creamschronic pain sectionTopical Analgesics Page(s): 111-112.

Decision rationale: According to the 08/19/2014 report by [REDACTED] this patient presents with "continues to experience plantar foot and heel/increase at end of the day."The treater is requesting Terocin patches. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of reports indicate that the patient has foot pain which is peripheral and localized, but there is lack of evidence that this is neuropathic in nature. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.