MAXIMUS Federal Services

Case Number:	CM14-0173621		
Date Assigned:	10/24/2014	Date of Injury:	04/20/1997
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 68-year-old female with a date of injury of 04/20/1997. The listed diagnoses for [redacted] from 07/10/2014 are: 1. Right shoulder impingement syndrome, rotator cuff tendinopathy; 2. Cervical myofascial pain; 3. Bilateral plantar fasciitis. According to this report the patient's symptoms have remained the same since her last visit. She has since self-treated her pain by utilizing a TENS unit on a daily basis and topical ointment. She notes functional improvement and pain relief with the adjunct of the TENS unit. The patient complains of recurrent neck pain with pain radiating into her shoulder blades. She also complains of pain in her mid and low back, right shoulder, and foot. The patient notes stiffness on top of the foot with increased pain with prolonged walking and standing. She had pain in her heels and arches. The patient walks with an uneven gait. The examination shows tenderness in the posterior cervical and bilateral trapezial musculature. Strength in the upper extremities is intact. Right shoulder range of motion is full. Mild positive impingement sign on the right shoulder. Tenderness over the plantar insertion of the plantar fascia. There is reproducible pain with stretching of the plantar fascia. The documents include one progress report from 07/10/2014. The utilization review denied the request on 09/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic shoes Qty: 1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter on Orthotics

Decision rationale: This patient presents with neck, mid and low back, right shoulder, and foot pain. The treating physician is requesting Orthotic shoes Quantity 1. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines on orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." The 07/10/2014 report notes that the treating physician is requesting a replacement pair for the patient's orthopedic shoes and custom orthotics which are "now worn out and no longer functional." The treating physician also notes pain in the heel and arches with a noted diagnosis of bilateral plantar fasciitis. In this case, ODG supports the use of orthotic devices for patients with plantar fasciitis. Recommendation is that the request is medically necessary.

Custom orthotics Qty: 1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter on Orthotics

Decision rationale: This patient presents with neck, mid and low back, right shoulder, and foot pain. The treating physician is requesting Custom orthotics Quantity 1. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines on orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." The 07/10/2014 report notes that the treating physician is requesting a replacement pair for the patient's orthopedic shoes and custom orthotics which are "now worn out and no longer functional." The treating physician also notes pain in the heel and arches with a noted diagnosis of bilateral plantar fasciitis. In this case, ODG supports the use of orthotic devices for patients with plantar fasciitis. Recommendation is that the request is medically necessary.

Cervical pillow Qty: 1.00: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter on pillows

Decision rationale: This patient presents with neck, mid and low back, right shoulder, and foot pain. The treating physician is requesting a Cervical pillow Quantity 1. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines recommend its use while sleeping in conjunction with daily exercise. In addition, ODG states, "This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of neck support pillow during sleep; either strategy alone did not give the desired clinical benefit." The 07/10/2014 report notes that the treating physician is requesting a replacement cervical pillow as current one is worn. It was also noted on this report that the patient presents with tenderness in the posterior cervical and bilateral trapezial musculature. In this case, the patient does have a diagnosis of cervical myofascial pain and the request for a cervical pillow is reasonable. Recommendation is that the request is medically necessary.

Tramadol 50mg Qty: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-95, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with neck, mid and low back, right shoulder, and foot pain. The treating physician is requesting Tramadol 50mg Quantity 180. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommends that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of tramadol use. The 07/10/2014 report notes that the treating physician is requesting Tramadol for breakthrough pain in conjunction with TENS and topical ointments. In this case, the request for a trial of tramadol is reasonable. Recommendation is that the request is medically necessary.

FC5 (Flurbiprofen 10%, Capsaicin .05%, Menthol 2.5%, Camphor 2.5%) 120gm Qty: 3.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs and Capsaicin Page(s): 111.

Decision rationale: This patient presents with neck, mid and low back, right shoulder, and foot pain. The treating physician is requesting FC5 (Flurbiprofen 10%, capsaicin .05%, menthol 2.5%, camphor 2.5%) 120gm Quantity 3. The MTUS guidelines, page 111 on topical NSAIDs states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment of osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period." In addition, MTUS states that it is indicated for osteoarthritis and tendinitis of the knee and elbow and other joints that are amenable to topical treatment. It is not recommended for the treatment of osteoarthritis of the spine, hip, or shoulder. Also, topical NSAIDs are recommended for short-term use, between 4 to 12 weeks. MTUS allows Capsaicin at 0.025% and does not support this at higher concentration due to lack of evidence. MTUS also does not recommend compounded product if any one of the components are not recommended. In this case, capsaicin is not supported by the MTUS guidelines in concentrations higher than 0.025%. Recommendation is that the request is not medically necessary.