

Case Number:	CM14-0177565		
Date Assigned:	10/31/2014	Date of Injury:	02/03/2011
Decision Date:	12/08/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain Medicine and is licensed to practice in Ohio. 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 55-year-old male who reported an injury on 02/03/2011. The mechanism of injury was not specifically stated. The current diagnosis is contusion of the foot. The only clinical documentation submitted for this review is an Agreed Medical Evaluation on 10/16/2014. The current medication regimen includes Buspirone, Lyrica, Duloxetine, Flector patch, Docusate, Omeprazole, Zorvolex, Pennsaid, Lidoderm Patch, Lidocaine liquid, Keppra, and Ambien. The injured worker reported worsening right foot and lower back pain. Physical examination revealed an abnormal gait, lumbosacral tenderness and spasm, decreased range of motion of the right knee, medial tibial tenderness at the calves, decreased range of motion of the right ankle, medial foot tenderness along the first metatarsal articulation and metatarsal phalangeal joint articulation, 3+ tenderness at the first and second metatarsals to deep pressure, tenderness at the plantar fascia, hypersensitivity, and 3/5 weakness. Treatment recommendations included continuation of the current medication regimen and bracing. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Liquid 4% 50cc: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. No commercially approved topical formulation of Lidocaine is indicated for neuropathic pain. Therefore, this request is not medically necessary.

Kinesiology Tape 100 Ft: 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), Kinesio Tape

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Kinesio tape (KT)

Decision rationale: The Official Disability Guidelines state Kinesio tape is not recommended. There are no quality studies covering the use, and preliminary pilot study in the knee concluded that Kinesio taping had no effect on muscle strength. Therefore, the request is not medically necessary.

H-Wave Unit for Home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state H wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be documentation of a failure of initially recommended conservative care, including physical therapy, medication, and TENS therapy. The injured worker does not meet criteria for the requested durable medical equipment. There is no documentation of a failure to respond to first line treatment. There is also no treatment duration listed in the current request. It is unclear whether the H wave unit is for a 1 month rental or a permanent purchase. As such, the request is not medically necessary.