

Case Number:	CM14-0025724		
Date Assigned:	06/04/2014	Date of Injury:	08/30/2011
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery, 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 54-year-old male injured on 8/30/2011. The mechanism of injury is noted as a crush injury of his right foot. The injured worker underwent open reduction internal fixation of right navicular fracture in November 2011 and removal hardware in March 2013. The most recent progress notes dated 12/10/2013, 1/28/2014 and 3/25/2014, indicates that there are ongoing complaints of right foot pain; however, 80% better with new orthotics in an old extra depth shoe. Physical examination demonstrated tenderness to the dorsal aspect of the proximal first, with positive Tinel's sign with tapping over the deep peroneal nerve. CT scan, dated 10/23/2012, showed a single traversing screw along the medial aspect of a healed navicular fracture, with degenerative disease and osteopenia throughout the right foot. Current treatment includes anti-inflammatories, custom orthotics and extra depth shoes (the current extra depth shoes have been noted in several progress notes to decrease foot pain but are falling apart). Diagnoses: Navicular fracture (status post ORIF), deep peroneal nerve neuritis. A request had been made for one pair of extra depth shoes, Ibuprofen 800 mg, and Flector Patches #30 mg. One pair of extra depth shoes and Flector patches was not certified in the pre-authorization process on 2/4/2014. Ibuprofen 800 mg was certified for one prescription of #120 between 1/22/2014 and 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PAIR OF EXTRA DEPTH SHOES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopaedics (online).

Decision rationale: A search of the California Medical Treatment Utilization Schedule (CA MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) failed to reveal any treatment guidelines to support the use of extra depth shoes. Wheelless' Textbook of Orthopaedics supports the use of extra depth shoes with mild deformities and degenerative diseases of the mid-foot. Given the injured worker's injury, chronic right foot pain and the documentation of improvement in his foot pain, function and mobility with the use of extra depth shoes, the request is considered medically necessary and appropriate.

IBUPROFEN 800 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 21.

Decision rationale: Chronic Pain Medical Treatment Guidelines support non-steroidal anti-inflammatory drugs as traditional first line of treatment to reduce pain so activity and functional restoration can resume. The previous independent medical review recommended Ibuprofen 800 mg on 2/4/2014. This request is considered medically necessary.

FLECTOR PATCHES #30: 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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Chronic Pain Medical Treatment Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals who are unable to tolerate oral administration, or for whom oral administration is contraindicated. The injured worker currently takes an oral NSAID. There is no documentation of intolerance or contraindication to first-line therapies, and there is no clinical indication for the use of this medication for the chronic diagnoses listed in the medical records. Therefore, this request is not considered medically necessary and appropriate.