

<b>Case Number:</b>	CM14-0036226		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 11/18/2011 due to an unspecified mechanism of injury. On 02/04/2013, she had an MRI of her right hip which revealed attrition of the lateral aspect of the right anterior labrum suggesting a chronic degenerative tear, no labral detachment, the remainder of the labrum was normal, preserved articular cartilage, and normal alpha angle; moderate tendinosis and possibly component of scarring of the right hamstring tendon complex with shallow free edge chronic partial tearing, no adjacent bone edema, and no surrounding inflammation; and mild stenosis of the hamstring tendon complex was also noted. On 04/09/2014, the injured worker presented for a follow-up appointment and reported stiffness in the ankle, burning along the distribution of the plantar nerve, and pain along the plantar aspect of the foot. A physical examination revealed tenderness along the plantar fascia on the right side and along the groin; motion of the ankle was limited; and it was noted that she was gaining from her arthroscopy. Her diagnoses included right hip inflammation with MRI showing a labral tear status post 1 injection, element of trochanteric bursitis, ankle inflammation status post arthroscopy with a stiff ankle, intermetatarsal nerve inflammation status post injection, plantar fasciitis significant on the right for which there has been no injection, and gain of 8 pounds. Previous treatments have included surgery, medications, injections, and physical therapy. The treatment plan was for a secondary treater for pain management and Pennsaid 2% for the right foot, #30 with 2 refills. The request for authorization and rationale for treatment were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Secondary treater for pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

**Decision rationale:** The request for a secondary treater for pain management is not medically necessary. Per the clinical note dated 04/09/2014, the injured worker reported stiffness in the ankle, burning along the distribution of the plantar nerve, and pain along the plantar aspect of the foot. The California MTUS/ACOEM Guidelines do not address this topic. The Official Disability Guidelines state that office visits are recommended. An office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, and clinical stability. Based on the clinical information provided for review, the injured worker does not have any significant functional deficits and/or significant pain to indicate the necessity for a secondary treater for pain management. The request is not supported by the Guideline recommendations as there appear to be no indications for its necessity. As such, the request is not medically necessary or appropriate.

**Pennsaid 2% applied to right foot, 30-day supply with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The Pennsaid 2% applied to right foot, 30-day supply with 2 refills, is not medically necessary. The patient was noted to have tenderness along the plantar fascia on the right side, and range of motion to the ankle was noted to be limited. She was also noted to be utilizing LidoPro cream and Terocin patches. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Pennsaid is a topical NSAID that is recommended for short term use of 4 to 12 weeks. Its indications are osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Based on the clinical information submitted for review, the injured worker does not have a diagnosis of osteoarthritis or tendonitis that would indicate the need for a topical NSAID cream. In addition, the injured worker was noted to be utilizing LidoPro cream and Terocin patches, so the reason for the need for an additional topical cream is unclear. Furthermore, the frequency of the medication was not provided within the request. The request is not supported by the Guideline recommendations as

its necessity is unclear and the frequency was not provided. Given the above, the request is not medically necessary or appropriate.