

<b>Case Number:</b>	CM14-0039446		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

This 62 year-old patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Physical therapy for the right foot 3 times a week quantity: 24.00, Kera-tek gel 4 oz quantity: 1.00, and Urinalysis quantity: 1.00. The patient is s/p right endoscopic plantar fasciotomy with ongoing pain with gait. Report of 9/12/13 from the provider noted the patient is s/p right partial plantar fasciotomy with pain continued to improve, but upon walking, pain would flare. Exam showed right foot with mild tenderness at plantar aspect of heel. Recommendation included continuing with PT 3x6 to gradually increase his activities. Report of 10/24/13 noted patient making making slow progress and additional PT was needed. Recommendation included work hardening/condition program to increase work endurance. Orthopedic provider report of 3/3/14 noted patient taking over-the-counter Advil and was improving with pain rated at 4/10. Exam showed right ankle decreased range with plantar fascia tenderness. Kera-Tek analgesic gel was recommended along with OTC Advil and return to modified work. Report from the provider dated 3/5/14 noted patient has not received physical therapy authorization. Exam showed unchanged mild tenderness at fascia origin. Recommendation was for physical therapy in work hardening/conditioning. Request(s) for Physical therapy for the right foot 3 times a week quantity: 24.00 was modified to approve for quantity of 9 visits and the Kera-tek gel 4 oz quantity: 1.00 and Urinalysis quantity: 1.00 were non-certified on 3/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right foot 3 times a week QTY: 24.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104 of 126. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle/Foot Chapter Physical Therapy; Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

**Decision rationale:** There are unchanged chronic symptom complaints and clinical findings without clear neurological deficits. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without clear specific functional improvement in activities of daily living, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The Physical therapy for the right foot 3 times a week quantity: 24.00 is not medically necessary and appropriate.

**Kera-tell gel 4 oz QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 78 of 127.

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

**Decision rationale:** Kera-Tek analgesic gel was recommended along with OTC Advil and return to modified work. Report from the provider dated 3/5/14 noted patient has not received PT authorization. Exam showed unchanged mild tenderness at fascia origin. Kera-tek has active ingredients of methyl salicylate and menthol. Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral Non-steroidal anti-inflammatory drug (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medication as the patient is concurrently taking another anti-inflammatory, Advil. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 beyond guidelines criteria. The Kera-tek gel 4 oz quantity: 1.00 is not medically necessary and appropriate.

**Urinalysis QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43, Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction Page(s): 43.

**Decision rationale:** Exam showed unchanged mild tenderness at fascia origin. California Medical Treatment Utilization Schedule (MTUS) Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed topical Kera-tek and Advil, both non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent urine drug screen (UDS). Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urinalysis quantity: 1.00 is not medically necessary and appropriate.