

Case Number:	CM14-0051005		
Date Assigned:	07/07/2014	Date of Injury:	07/05/2011
Decision Date:	10/14/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/18/2014

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 Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on 7/5/2011. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 1/4/2014. Indicates that there are ongoing complaints of right foot/ankle pain. The physical examination demonstrated right ankle: mild swelling, and tenderness to palpation. No recent diagnostic studies are available for review. Previous treatment includes ESWT, chiropractic care, acupuncture, and medication. A request had been made for Capsaicin0.025%, Flurbiprofen 15%, Tramadol 15%, Mentol 2%, Amitriptyline 4%, Dextromethrophan 20%, Tramadol 20%, and was not certified in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin0.025%, Flurbiprofen 15%, Tramadol 15%, Mentol 2%, Amitriptyline 4%, Dextromethrophan 20%, Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines not given Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: The records presented for review indicate that this 52 year-old individual was reportedly injured on 7/5/2011. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 1/4/2014. Indicates that there are ongoing complaints of right foot/ankle pain. The physical examination demonstrated right ankle: mild swelling, and tenderness to palpation. No recent diagnostic studies are available for review. Previous treatment includes ESWT, chiropractic care, acupuncture, and medication. A request had been made for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Mentol 2%, Amitriptyline 4%, Dextromethrophan 20%, Tramadol 20%, and was not certified in the pre-authorization process on 4/17/2014.