MAXIMUS Federal Services

Case Number:	CM14-0053018		
Date Assigned:	07/07/2014	Date of Injury:	12/18/2012
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine. 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 patient is a 35-year-old female with a 12/18/12 date of injury, when she fell off a ladder and landed on her left foot. 6/24/14 note indicated that the patient has greatly improved and return to work was discussed with the patient. The patient describes sleep disturbances that are episodic. Prior treatment has included Ambien, which was again prescribed. The patient is performing home exercises on a daily basis, which has been helpful in recovery. In addition, the patient saw a pain management physician. Follow up in 2 weeks was recommended. 4/29/14 pain management evaluation documented continued pain in the left foot, with color changes and swelling. The patient is unable to wear shoes secondary to pain, has allodynia to water droplets in the shower, and described occasional swelling and numbness, as well as hyperhidrosis. She describes alternating cold/warm feelings in the foot. The patient is currently undergoing a second round of PT, and has tried acupuncture in the past without benefit. Clinically, there was mild molting on the dorsum, mild edema, and no hyperhidrosis in the left foot. There was allodynia to light drumming along the medial aspect of the left foot. Gait was antalgic, favoring the left leg. Range of motion was decreased in the left ankle flexion and extension, and flexion/extension of the toes. Diagnosis was likely sympathetically mediated pain in the left lower extremity and left ankle contusion. Treatment plan discussed a diagnostic/therapeutic lumbar sympathetic block, continuation of medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spray and stretch material for pain relief: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Chronic Pain Medical Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: Medical necessity for the requested spray and stretch material for pain relief is not established. It was noted previously, that the patient is pending a pain management consultation, and guidelines do not support all topical medications. It is not entirely clear what this request entails. The patient has chronic pain syndrome in the left foot, following a fall from a ladder. Although some topical agents are supported, CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. This request has not been well described, including the use of this treatment modality in physical therapy. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not substantiated.

Sympathetic block vs epidurals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Chronic Pain Medical Treatment Guidelines Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-58.

Decision rationale: A request for a sympathetic block vs epidural injection obtained an adverse determination, as the patient was referred to a pain management consultation. Subsequent to evaluation, specific treatment could be recommended. The patient underwent a pain management consultation on 4/29/14, where a sympathetic nerve block was recommended. Based on the patient's clinical findings, including allodynia, hyperhidrosis, and occasional swelling/numbness, there is basis for a diagnosis of chronic pain syndrome. Guidelines support sympathetic nerve blocks for diagnosis and treatment of lower extremity CRPS. However, within the context of this appeal, this request was not further delineated. Lumbar ESI is supported when there is evidence of lumbar radiculopathy, which is not the case here. While a sympathetic nerve block would be medically reasonable, the request in its entirety is not substantiated.