

Case Number:	CM14-0073704		
Date Assigned:	07/16/2014	Date of Injury:	06/17/2011
Decision Date:	09/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/16/2014

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:

The injured worker is a 52-year-old female who reported repeated blows to the right foot on 06/17/2011. On 01/22/2014, her diagnoses included status post contusion to the right foot with history of stress fractures involving the 3rd and 4th metatarsals, plantar fasciitis of the right foot, left foot plantar fasciitis secondary to compensation for altered gait with limp due to right foot condition with history of calcaneal stress fracture and plantar calcaneal spur, lumbosacral sprain/strain, and status post left shoulder arthroscopic surgery. Her complaints included constant right foot pain which she described as dull, sharp, aching, and burning with a pain score of 4-7/10, constant left foot pain described as sharp, dull, aching, and burning with a pain rating score of 6/10. Examination of the ankles and feet reveal hallux valgus deformity bilaterally, palpation was notable for tenderness bilaterally over the plantar fascia, especially at the calcaneal insertion with increased pain upon stretching, palpatory tenderness noted on the right foot over the 3rd and 4th metatarsals and on the left foot at the 3rd and 4th metatarsal inter-digital spaces. The ankles were essentially non-tender bilaterally and there was no ligamentous laxity at either ankle with inversion/eversion, stress testing or anterior drawer test. There was decreased sensation to pin prick and light touch distally on the left foot with no sensory deficit on the right foot. Motor testing of major muscle groups revealed no appreciable weakness in either lower extremity. An ultrasound of the bilateral ankles on 03/29/2014 revealed left peroneal tenosynovitis, left normal lateral ligament complex, left normal medial ankle, left normal Achilles tendon and normal right ankle. On 04/07/2014, a review of the ultrasound of the bilateral ankle and ultrasound of the bilateral foot from 03/29/2014 revealed no new diagnostic information. The submitted documentation revealed that this injured worker had been taking Voltaren XR since 01/22/2014. There was no rationale included in this injured worker's chart. A Request for Authorization dated 04/15/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg QTY:30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications page 22; NSAID's (non-steroidal anti-inflammatory drugs) page 67; Back Pain; NSAID's, Specific Drug List and Adverse effects page 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state there is inconsistent evidence of the use of these medications to treat long term neuropathic pain. However, they may be useful to treat breakthrough or mix pain conditions such as osteoarthritis and other nociceptive pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. Among the various NSAIDs, naproxen is the safest drug with fewer cardiovascular and GI side effects. This injured worker has been taking Voltaren XR for longer than 6 months. This exceeds the guidelines recommended for short term use. Additionally, the request did not specify frequency of administration. Therefore, this request for Voltaren XR 100 mg qty 30 is not medically necessary.

Diagnostic ultrasound bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot, last updated 3/26/14, Ultrasound Diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89.

Decision rationale: California ACOEM Guidelines recommend that under the optimal system, the clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. This injured worker had an ultrasound study of the bilateral ankles and feet on 03/29/2014 which appeared to provide significant diagnostic information. There is no rationale or justification for a second set of ultrasound evaluations. The clinical information submitted failed to meet the evidence based guidelines for judicious use of referrals. Therefore, this request for diagnostic ultrasound, bilateral feet is not medically necessary.

