

<b>Case Number:</b>	CM14-0093520		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/05/2005
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Occupational Medicine and is licensed to practice in Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, and foot pain reportedly associated with cumulative trauma at work first claimed on January 5, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; epidural steroid injection therapy; and extensive periods of time off of work, per the claims administrator. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for a topical compounded drug and also denied a request for a podiatry referral. The podiatry referral was denied on the grounds that the attending provider had failed to detail the applicant's foot and ankle issues. The applicant's attorney subsequently appealed. In a January 29, 2014 progress note, the applicant reported persistent complaints of neck pain. Ankle weakness and diminished ankle range of motion were also noted. On March 26, 2014, the applicant was placed off of work, on total temporary disability, owing to persistent complaints of neck pain. Additional physical therapy was sought. On May 15, 2014, the applicant was asked to consult a podiatrist for ongoing issues with foot pain. The applicant was having difficulty with prolonged walking, it was stated, reportedly exacerbated by back pain issues. The applicant was asked to consult podiatry to consider orthotics. The applicant was placed off of work, on total temporary disability. The requesting provider was an orthopedic spine surgeon, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry Referral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Referral -Part 1 Introduction Page(s): 1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted on MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate when a primary treating provider (PTP) is uncomfortable treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider, a spine surgeon, has posited that he is unable to definitively address the applicant's issues with foot and ankle pain. Obtaining the added expertise of a practitioner who is qualified to address these issues, such as a podiatrist, is therefore, indicated. Accordingly, the request is medically necessary.

**Gaba/Keto/Lidocaine:** 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 topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.