

<b>Case Number:</b>	CM14-0165032		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 patient is a 60 year old female with date of injury 09/11/07. The treating physician report dated 09/08/14 (616) indicates that the patient presents with left ankle pain. The patient rates her pain in the left ankle an 8/10 and is constant. Pain is made better with rest and medication. Specifically the pain goes from an 8 to a 6 when Norco is taken. Patient also takes Ambien for sleeping and Prilosec for gastrointestinal issues secondary to prolonged NSAID use in the past. Physical examination of the left ankle revealed skin was intact. There was evidence of healed surgical incision on the lateral and medial aspect of the ankle. There was tenderness to palpation over the plantar fascia. There was slight decreased ROM on dorsiflexion and plantar flexion. ROM for inversion and eversion was 0 degrees. Gait analysis revealed antalgic gait pattern. The current diagnoses are: 1. Status post reconstructive ligament surgery to the left ankle 2. Possible rheumatologic condition, industrial causation deferred 3. Neuroma, left foot. The utilization review report dated 09/22/14 (86) denied the request for consultation, Kera Tek gel, urine tox screen, Omeprazole, and Topical Analgesics based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Kera Tek gel 4 oz #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left ankle pain. The current request is for 1 prescription for Kera Tek gel 4 oz #1. The treating physician indicates the current request is to "maintain the patient's painful symptoms, restore activity levels and aid in functional restoration." The MTUS guidelines state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Kera Tek Gel is a compound analgesic containing 28% Methyl Salicylate and 16% Menthol." In this case, the patient presents with chronic ankle pain post surgically and the request for topical NSAID is medically necessary.

**1 consultation with a podiatrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pg 127.

**Decision rationale:** The patient presents with left ankle pain. The current request is for 1 consultation with a podiatrist. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral as the patient has continued post-surgical pain and the treating physician requires assistance in management of this patient. Therefore, the request is medically necessary.

**1 prescription for Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** The patient presents with left ankle pain. The current request is for 1 prescription for Omeprazole 20mg #60. The treating physician indicates the request is to be taken twice a day p.o. due to gastrointestinal issue secondary to NSAID usage. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in

this case has documented that the usage of Omeprazole reduces G/I symptoms for this patient. Therefore, the request is medically necessary.

**1 prescription Diclofenac/Lidocaine Cream 3%/5% 180g #1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left ankle pain. The current request is for 1 urine toxicology screen for next visit. The treating physician indicates that, "Urine toxicology screen is requested as part of a pain-treatment agreement during opioid therapy." Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the reports included, there is no documentation found for a UDS in 2014 and the patient is currently being prescribed Norco. The current request is medically necessary.

**1 urine toxicology screen for next visit: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

**Decision rationale:** The patient presents with left ankle pain. The current request is for 1 urine toxicology screen for next visit. The treating physician indicates that, "Urine toxicology screen is requested as part of a pain-treatment agreement during opioid therapy." Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the reports included, there is no documentation found for a UDS in 2014 and the patient is currently being prescribed Norco. The current request is medically necessary and the recommendation is for authorization.