

Case Number:	CM14-0189457		
Date Assigned:	11/20/2014	Date of Injury:	03/09/2014
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 45 year old patient with date of injury of 03/09/2014. The medical records indicate that the patient is undergoing treatment for chronic ankle sprain, right peroneal tendon longitudinal split tear, chronic right foot pain and right knee patella femoral syndrome. Subjective complaints include low back pain that radiates to bilateral lower extremities with numbness and tingling, right ankle pain, right hip pain that radiates down right leg to ankle, increasing with activity, described as sharp and burning, rated a 9/10; pain in left hip that radiates from hip to left leg and ankle along with weakness to leg, pain rated 9/10; right knee pain primarily on the medial aspect rated a 7/10. Objective findings include slow stand, assistance needed with sitting, antalgic gait, tenderness, decreased range of motion and decreased strength and sensation, bilateral hip Faber test negative, bilateral hip Trendelenburg sign negative; right knee positive for patellar grind, J sign negative, McMurray is positive, Apley Compression negative, Lachman negative, Anterior/Posterior Drawer negative, Valgus stress is positive; left knee exam was normal. MRI to right ankle on 08/11/2014 showed moderate to severe Achilles tendinosis with partial longitudinal tear, plantar fascia calcaneal spur with calcaneal marrow edema with plantar fasciitis/partial tear and surrounding soft tissue edema, mid foot degenerative changes and peroneal longus tendinosis. MRI of right knee dated 09/10/2014 showed moderate joint effusion, lateral patellar tilt with medial patellar subluxation and patellar chondral thinning, no evidence for acute meniscal, ligamentous, tendinous or osseous abnormality. Treatment has consisted of physical therapy, activity modification, EMG/NCV (which was negative), acupuncture, steroid injection and chiropractic therapy. The utilization review determination was rendered on 10/21/2014 recommending non-certification of CM4 - CAPS 0.05%, Cyclo 4% and Hydrocodone/APAP 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 - CAPS 0.05%, Cyclo 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical Capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, Official Disability Guidelines states "Topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for CM4 - CAPS 0.05%, Cyclo 4% is not medically necessary.

Hydrocodone/APAP 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: Official Disability Guidelines does not recommend the use of opioids for low back "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS guidelines do not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of

pain after taking opioids, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Hydrocodone/APAP in excess of the recommended 2-week limit. As such, the request for Hydrocodone/APAP 5/325mg #60 is not medically necessary.