

<b>Case Number:</b>	CM15-0007623		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female with a date of injury as 06/03/2010. The current diagnoses include chronic Achilles tendinitis, right greater than left. Previous treatments include medications, custom shoes. Primary treating physician's reports dated 11/14/2014 through 01/15/2015 were included in the documentation submitted for review. Per the doctor's note dated 1/14/15 patient had complaints of left foot pain at 1-3/10 that was radiating to calf and back. Physical examination of bilateral ankle revealed no swelling, tenderness on palpation over Achilles tendon, 5/5 strength, planter flexion 50, dorsiflexion 15, eversion 20, inversion 35, and negative all special tests. Patient has received an unspecified number of aquatic therapy, chiropractic and 12 PT visits for this injury. The patient has used CAM boot, motion control shoe, orthotics and AFO brace for this injury. The medication list includes Tylenol with codeine and Voltaren gel. The patient's surgical history includes bilateral shoulder surgeries. The patient has had X-rays of the bilateral foot with normal findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketapofen or Volaten gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

**Decision rationale:** Request: Ketaprofen or Volaten gel. Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient diclofenac diethylamine in the strength 11.6 mg/g (1.16% w/w) and nonmedicinal ingredients include carbomer, cocoyl caprylocaprate, diethylamine, isopropyl alcohol, liquid paraffin, macrogol cetostearyl ether, perfume, propylene glycol, purified water. Ketoprofen gel contains a NSAID ketoprofen. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". 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. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The medical necessity of Ketaprofen or Volaten gel is not established for this patient.

**Motion controlled shoes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Page 371.

**Decision rationale:** Request: Motion controlled shoes. Per the ACOEM guidelines cited below. "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Physical examination of bilateral ankle revealed no swelling, tenderness on palpation over Achilles tendon, 5/5 strength, planter flexion 50, dorsiflexion 15, eversion 20, inversion 35, and negative all special tests. The patient has had X-rays of the bilateral foot with normal findings. Rationale for requesting Motion controlled shoes was not specified in the records provided. Patient has received an unspecified number of aquatic therapy, chiropractic and 12 PT visits for this injury Response to conservative treatment including PT and medication was not specified in the records provided. Response to

"off the shelf" arch support/ prefabricated orthotics is not specified in the records provided. Significant functional deficit that would require Motion controlled shoes was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Motion controlled shoes is not fully established for this patient.