

Case Number:	CM15-0101366		
Date Assigned:	06/03/2015	Date of Injury:	10/06/2003
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 32 year old male, who sustained an industrial injury on 10/06/2003. He injured worker reported falling and striking his left lower extremity on pavement reporting injury to left ankle. On provider visit dated 03/23/2015 the injured worker has reported left ankle and foot pain. On examination of the injured worker was noted to have antalgic gait walking with a cane and CAM walker on the left. Pain to palpation was noted and range motion was painful as well on left ankle. The diagnoses have included foot pain, chronic lateral ankle instability left with ankle fracture on left. RSD with neuropathy left foot and ankle. Treatment to date has included ankle brace-wrap, CAM walker, cane, topical RX cream and medication, and TENS units. The provider requested Orthopedic Evaluation, Neurosurgeon Consult, Flurbiprofen powder ultraderm cream 2 gm; Metrax, Ketamine 10%-Gabapentin 10%-Neurotic Acid 2% and Lidocaine 2% and TENS supply (Retro).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic eval: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker is diagnosed with Reflex Sympathetic Dystrophy (RSD) with neuropathy of the left foot and ankle. At the time of requested orthopedic referral for hip and knee pain, chart documentation lacked information indicating active knee or hip complaints. The medical necessity for orthopedic evaluation has not been established. The request for Orthopedic eval is not medically necessary by guidelines.

Neurosurgeon Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker is diagnosed with Reflex Sympathetic Dystrophy (RSD) with neuropathy of the left foot and ankle. Not having reached maximum medical therapy at the time of the request under review, the request for Neurosurgeon Consult is appropriate. The request for Neurosurgeon Consult is medically necessary per guidelines.

Flurbiprofen (sic) powder ultraderm cream 2 gm: 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 Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is 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. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen (sic) powder ultraderm cream 2 gm is not medically necessary by MTUS.

Metrax (sic) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www/fda/gov/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.diabeteshealth.com/type-2>.

Decision rationale: Documentation provided for review lists Metrax and Metanx on the injured worker's medication list. Metrax is not a valid medication described in any treatment guideline. Metanx is a prescription medical food containing Folate, Vitamin B6 and Vitamin B12 used in the dietary management of diabetic neuropathy. The injured worker is diagnosed with Reflex Sympathetic Dystrophy (RSD) with neuropathy of the left foot and ankle. It is unclear if the current request is for Metanx. Documentation fails to show evidence supporting the clinical use of a medical food for the injured worker's condition. The request Metrax (sic) #60 is not medically necessary.

Ketamine 10%-Gabapentin 10%-how neurotic acid 2% Lidocaine 2%: 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 Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is 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. MTUS does not recommend the use of ketamine for the treatment of chronic pain. The use of Gabapentin as a topical agent is also not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Ketamine 10%-Gabapentin 10%-how neurotic acid 2% Lidocaine 2% is not medically necessary by MTUS.

Supplies TEN's unit (Retro): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. The injured worker is diagnosed with Reflex Sympathetic Dystrophy (RSD) with neuropathy of the left foot and ankle. Documentation shows no significant improvement in pain or function with the use of a TENS unit. There is also no evidence of a concurrent functional restoration program noted. The request for Supplies TEN's unit (Retro) is not medically necessary by MTUS.