

Case Number:	CM15-0105491		
Date Assigned:	06/09/2015	Date of Injury:	07/12/2014
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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 38 year old male with an industrial injury dated 07/12/2014. The injured worker's diagnoses include right heel pain, neuropathic pain right heel and possibility of complex regional pain syndrome. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 04/14/2015, the injured worker reported persistent right heel pain rated an 8/10. Objective findings revealed right antalgic gait, swelling and discoloration in medial aspect of the right ankle, limited range of motion associated with pain, and right ankle/right heel tenderness. The treating physician prescribed services for 12 physical therapy sessions for the right heel, container of Lidocaine Gel 2% , Norco 10/325mg #100 and Flector Patches 1.3% #30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter.

Decision rationale: MTUS recommends 24 physical therapy visits over 16 weeks for medical management of Reflex sympathetic dystrophy (CRPS). MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker is diagnosed with complex regional pain syndrome and complains of persistent right heel pain. At the time additional outpatient physical therapy was prescribed, the injured worker had undergone an initial course of physical therapy. Documentation fails to show evidence of significant improvement in pain or function there is no detailed information regarding the number of previous physical therapy sessions. Given that the injured worker has completed an initial course of physical therapy and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional physical therapy has not been established. Per guidelines, the request for Physical Therapy Sessions QTY: 12 is not medically necessary.

Container Lidocaine Gel 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 recommends for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. These forms of Lidocaine are generally indicated as local anesthetics and anti-pruritics. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Container Lidocaine Gel 2% is not medically necessary.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be

weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of right heel pain. Documentation fails to demonstrate adequate improvement in level of function to support the medical necessity for continued use of opioids. In the absence of significant response to treatment and per MTUS, the request for Norco 10/325mg #100 is not medically necessary.

Flector Patches 1.3% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patch.

Decision rationale: Flector patch (Diclofenac) is FDA indicated for acute strains, sprains, and contusions and recommended for osteoarthritis after failure of an oral NSAID or when there is contraindication to oral NSAIDs. Per ODG, Flector Patch is not recommended for use as a first-line treatment. The injured worker complains of neuropathic right heel pain. Documentation fails to demonstrate adequate improvement in level of pain or function to support on current medication regimen. In the absence of significant response to treatment, the request for Flector Patches 1.3% #30 is not medically necessary.