

Case Number:	CM15-0135292		
Date Assigned:	07/23/2015	Date of Injury:	08/29/2014
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 22 year old female who sustained a work related injury August 29, 2014, after a fall onto her right foot. X-rays of the right foot, dated August 29, 2014,(report present in the medical record) revealed no acute fracture is identified. According to a primary treating physician's progress report, dated May 29, 2015, the injured worker presented with complaints of pain in the right foot, rated 7-8 out of 10. Examination of the right foot revealed grade 2 tenderness to palpation, with restricted range of motion. Diagnostic impression status post right foot crush injury; posttraumatic metatarsalgia of the right foot; rule out sesamoid fracture; complaints of shortness of breath secondary to anxiety. At issue, is a request for authorization for physical therapy, MRI of the right foot, electric shockwave treatment of the right foot, Tramadol, Meloxicam, and compound cream: Flurbiprofen, Lidocaine, Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x6: 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
Physical Medicine Page(s): 98-99.

Decision rationale: ODG Ankle & Foot Physical Therapy per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Crushing injury of ankle/foot (ICD9 928.2): Medical treatment: 12 visits over 12 weeks. Per progress report dated 2/4/15, it was noted that the injured worker had completed 5 sessions of physical therapy. Progress reports dated 3/2015 and 5/2015 included physical therapy in the treatment plan 2 times a week for 6 weeks. It is unclear at the time of request how many sessions of physical therapy have been completed. Absent such information, medical necessity cannot be affirmed.

MRI - right foot: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Magnetic Resonance Imaging (MRI).

Decision rationale: Per the ODG guidelines with regard to ankle MRI: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries, Indications for imaging- MRI (magnetic resonance imaging), Chronic ankle pain, suspected osteochondral injury, plain films normal, Chronic ankle pain, suspected tendinopathy, plain films normal, Chronic ankle pain, pain of uncertain etiology, plain films normal, Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular, Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable, Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel

syndrome, Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected, Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) X-ray of the right foot dated 10/6/14 revealed a healed fracture of the proximal phalanx distal aspect with no shift or gapping and swelling is improved on the right foot overall but there is no metatarsal fracture noted. I respectfully disagree with the UR physician, as the injured worker has chronic foot pain with plain films normal, MRI is indicated, it may assist in surgical planning if it identifies a surgically correctable pain generator. The request is medically necessary.

ESWT 1x4 - right foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Extracorporeal shock wave therapy (ESWT).

Decision rationale: Not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): (1) Patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in: Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks. Low energy ESWT without local anesthesia recommended. The injured worker does not have plantar fasciitis, the request is not indicated. The request is not medically necessary.

Tramadol 50mg #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): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of tramadol or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/3/15 was negative for Tramadol. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Meloxicam 7.5mg #30: 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 NSAIDS Page(s): 67, 72.

Decision rationale: With regard to NSAIDs the MTUS CPMTG states: "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has using this medication since 5/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

Compound Cream: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% - 180gm: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of

osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. With regard to Lidocaine MTUS p 112 states further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia and Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. Because Lidocaine is not indicated, the compound is not recommended. This request is not medically necessary.