

<b>Case Number:</b>	CM15-0141498		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 56 year old female, who sustained an industrial injury on 6-7-10. She reported pain in her right foot. The injured worker was diagnosed as having right foot and ankle sprain, right foot neuroma, right peroneal neuropathy and right second toe open wound status post infection. Treatment to date has included physical therapy, compression stockings, right MTP capsulotomy and pinning, Mobic, Diclofenac 3% and Norco. As of the PR2 dated 6-4-15, the injured worker reports continued pain in her right foot. The treating physician noted that the injured worker is over one year status post right MTP surgery. Objective findings include moderate edema over the dorsum of the right foot, tenderness to palpation over the 2 MTP and dysesthetic over MTO 3 and 4. The treating physician requested a wide beam 3 view x-ray of the right foot and an unknown compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Wide Beam 3 view X-Ray of the right foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM, Chapter 14, page 372.

**Decision rationale:** This claimant was injured in 2010 with diagnoses of a right foot and ankle sprain, a right foot neuroma, right peroneal neuropathy and a right second toe open wound status post infection. Treatment to date has included physical therapy, compression stockings, right capsulotomy and pinning, and medicine. The claimant is one-year post a right metatarsal surgery. As of June 2015, there was still pain and edema in the right foot. The current California web-based MTUS collection was reviewed in addressing this request for chronic ankle pain, therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: X-rays "are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation. (Osborne, 2006)" See also ACR Appropriateness Criteria: Chronic foot pain, suspected to have Reiter's disease and complains of heel pain and swollen toes; 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 and tenderness over head of second metatarsal, rule out Freiberg's disease; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. There is no obvious suspicion of a new fracture. The neuroma presence is already known; it is not clear what criteria are met for this imaging; the request is not medically necessary.

**Unknown compound cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** As shared previously, this claimant was injured in 2010 with diagnoses of a right foot and ankle sprain, a right foot neuroma, right peroneal neuropathy and a right second toe open wound status post infection. Treatment to date has included physical therapy, compression stockings, right capsulotomy and pinning, and medicine. As of June 2015, there was still pain and edema in the right foot. The claimant is one-year post a right metatarsal surgery. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26. MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.