

<b>Case Number:</b>	CM15-0142905		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female, who sustained an industrial injury on 09-24-2014 secondary to a pallet falling on the foot. On provider visit dated 07-13-2015 the injured worker has reported pain in left foot and great toe. On examination, the foot-ankle was noted to have an abnormal gait; neuro-derm-circulatory status was intact. Limited range of motion was noted. Tenderness to palpation was noted as limited. The diagnoses have included left foot pain, contusion and weakness. Treatment to date has included medication and physical therapy. The provider requested Lido Hydrochloride HCL, physical therapy - left foot, MRI of the left foot, MRI of the left ankle and Ultracet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido Hydrochloride HCL 3% QTY: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The patient presents with pain in the left great toe and dorsum of the foot, rated 4/10, and numbness in the third toe. The request is for Lido Hydrochloride HCL 3% QTY: 2. Physical examination to the left foot on 07/13/15 revealed tenderness to palpation. Patient's gait was abnormal. Per 04/27/15 progress report, patient's diagnosis include left forefoot crush injury, left Morton's neuroma, and left second metatarsal sprain. Patient's medications, per Request For Authorization form dated 04/06/15 include Ultracet, Tramadol, and Lido Hydrochloride HCl. Patient' work status is modified duties. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." The treater has not specifically discussed this request. The patient continues with pain in the left great toe and dorsum of the foot and is diagnosed with left forefoot crush injury, left Morton's neuroma, and left second metatarsal sprain. Lido Hydrochloride contains Lidocaine and the MTUS only supports Lidocaine in a patch formulation and not as a cream, lotion, gel or other forms. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical cream contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore, the request IS NOT medically necessary.

**Physical Therapy (Left Foot) QTY: 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with pain in the left great toe and dorsum of the foot, rated 4/10, and numbness in the third toe. The request is for physical therapy (left foot) QTY: 6. Physical examination to the left foot on 07/13/15 revealed tenderness to palpation. Patient's gait was abnormal. Per 04/27/15 progress report, patient's diagnosis include left forefoot crush injury, left Morton's neuroma, and left second metatarsal sprain. Patient's medications, per Request For Authorization form dated 04/06/15 include Ultracet, Tramadol, and Lido Hydrochloride HCl. Patient' work status is modified duties. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In progress report dated 07/13/15, treater states that the patient has completed four sessions of physical therapy and she is unable to independently demonstrate her home exercises. The MTUS allows up to 10 sessions of physical therapy over 8 weeks. Given the patient's condition, the requested 6 sessions appear to be reasonable. Therefore, the request IS medically necessary.

**MRI of the Left Foot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**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 Chapter under MRI.

**Decision rationale:** The patient presents with pain in the left great toe and dorsum of the foot, rated 4/10, and numbness in the third toe. The request is for MRI of the left foot. Physical examination to the left foot on 07/13/15 revealed tenderness to palpation. Patient's gait was abnormal. Per 04/27/15 progress report, patient's diagnosis include left forefoot crush injury, left Morton's neuroma, and left second metatarsal sprain. Patient's medications, per Request For Authorization form dated 04/06/15 include Ultracet, Tramadol, and Lido Hydrochloride HCl. Patient' work status is modified duties. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In progress report dated 07/13/15, treater states, "The patient was evaluated by foot and ankle specialist. . ." and "at this point, he is hesitant to perform any injections. . ." Review of the medical records provided does not show any previous MRI of the right foot. Given the patient's condition and the support from the ODG Guidelines, an MRI of the foot for further evaluation IS medically necessary.

**MRI of the Left Ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**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 Chapter under MRI.

**Decision rationale:** The patient presents with pain in the left great toe and dorsum of the foot, rated 4/10, and numbness in the third toe. The request is for MRI of the left ankle. Physical examination to the left foot on 07/13/15 revealed tenderness to palpation. Patient's gait was abnormal. Per 04/27/15 progress report, patient's diagnosis include left forefoot crush injury, left Morton's neuroma, and left second metatarsal sprain. Patient's medications, per Request For Authorization form dated 04/06/15 include Ultracet, Tramadol, and Lido Hydrochloride HCl. Patient' work status is modified duties. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In progress report dated 07/13/15, treater states, "The patient was evaluated by foot and ankle specialist. . ." and "at this point, he is hesitant to perform any injections. . ." Review of the medical records provided does not show any previous

MRI of the right ankle. Given the patient's condition and the support from the ODG Guidelines, an MRI of the left ankle for further evaluation IS medically necessary.

**Ultracet 37.5/325mg QTY: 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids, Tramadol Page(s): 60, 61, 76-78, 88, 89, 113.

**Decision rationale:** The patient presents with pain in the left great toe and dorsum of the foot, rated 4/10, and numbness in the third toe. The request is for Ultracet 37.5/325 MG QTY: 180. Physical examination to the left foot on 07/13/15 revealed tenderness to palpation. Patient's gait was abnormal. Per 04/27/15 progress report, patient's diagnosis include left forefoot crush injury, left Morton's neuroma, and left second metatarsal sprain. Patient's medications, per Request For Authorization form dated 04/06/15 include Ultracet, Tramadol, and Lido Hydrochloride HCl. Patient' work status is modified duties. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In progress report dated 07/13/15, treater states that the patient has a marked intolerance to NSAIDs and that the patient will take one or two tablets daily depending on the severity of her pain. However, treater has not stated how Ultracet reduces pain and significantly improves patient's activities of daily living. There are no validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.