

<b>Case Number:</b>	CM15-0149747		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/01/1989
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male, who sustained an industrial injury on April 1, 1989. The injured worker was diagnosed as having left foot plantar fasciitis. Treatment to date has included medication. A progress note dated June 24, 2015 provides the injured worker complains of left foot pain rated 6 out of 10. He reports Naproxen reduces the pain from 6-7 out of 10 to 2-3 out of 10. Physical exam notes a normal gait, intact neurovascular status, full range of motion (ROM) and tenderness to palpation of the left foot. The plan included consultation for left foot and ankle, physical therapy and topical and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for left foot:** 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), Ankle & Foot: Physical Therapy (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 1989. He is being treated for right shoulder and left foot pain including a diagnosis of plantar fasciitis. In March 2015 he was completing physical therapy for his foot but was having persistent pain with decreased function. When seen, pain was rated at 6/10. Physical examination findings included a BMI of over 30. There was tenderness over the plantar aspect and calcaneus. His gait was normal gait. Additional physical therapy and topical compounded cream were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. In this case, the number of visits requested is in excess of that recommended and previous therapy within the past 6 months for the same condition appears to have been ineffective. The request is not medically necessary.

**Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs; Baclofen, topical; Lidocaine, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 1989. He is being treated for right shoulder and left foot pain including a diagnosis of plantar fasciitis. In March 2015 he was completing physical therapy for his foot but was having persistent pain with decreased function. When seen, pain was rated at 6/10. Physical examination findings included a BMI of over 30. There was tenderness over the plantar aspect and calcaneus. His gait was normal gait. Additional physical therapy and topical compounded cream were requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.