

<b>Case Number:</b>	CM15-0163372		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Pediatrics, 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 23 year old female who sustained an industrial injury on 3-17-14. Her initial complaints and the nature of the injury are unavailable for review. The Primary Treating Physician's Progress Report of Occupational Injury, dated 6-9-15, indicates diagnoses of complex regional pain syndrome of the right foot, right foot reflex sympathetic dystrophy, right foot pain, and right foot contusion. She was evaluated for chronic right foot pain, noting exacerbation with moving the foot. Her medications included Naproxen, Norco, Neurontin, and Elavil. Tenderness on palpation was noted of the dorsum of the right foot. The foot was also noted to have "trophic changes," including reduced skin temperature, swelling, mottled skin, dry skin, and smooth and non-elastic skin. The treatment recommendations included a psyche consultation for psychological clearance for a percutaneous spinal cord stimulator, as well as prescriptions for Norco and Naprosyn. On 7-20-15, she complained of "constant" pain, rating it "6-7 out of 10". The report indicates that "any attempted repetitive weight-bearing activities performed more than 15 minutes increases her pain level to 9 out of 10". The examination revealed moderate tenderness to the forefoot region, as well as o the fascial region of the right foot. The range of motion was noted to be equal bilaterally. The right foot was noted to be "colder" than the left foot and the dorsalis pedis and posterior tibial pulses were noted to be "+2 out of 4". Weakness was noted in the extensors and moderate tenderness was noted to the superficial peroneal nerve of her right foot at the medial and lateral dorsal cutaneous nerve with a tinel's. Her diagnoses included status post contusion-crush injury to the right foot, complex regional pain syndrome-RSD type 1 and possibly type 2 causalgia, chronic metatarsalgia of the

right foot, plantar fasciitis of the right foot, and neuritis - superficial peroneal nerve of the right foot. The treatment plan was to request authorization of one pair of motion-control orthotics to control her pain and instability, a night splint, prescriptions of Norco and Naprosyn, and an EMG-NCS to assess for nerve damage to the superficial peroneal nerve of the right foot. On 8-3-15, she returned to the office with complaints of continued pain of the right foot, rating it "5 out of 10" at rest and "8 out of 10" with any attempted repetitive weight-bearing activities performed for more than 15 minutes. The physical exam was unchanged, nor were the diagnoses. The treatment plan was the same as the July 2015 visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthotic: 1 pair of motion controlled orthotics for pain and stability and night splints to right 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, Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per ACOEM guidelines soft, supportive shoes and rigid orthotics are recommended for plantar fasciitis and metatarsal arch bars, arch supports, and rigid orthotics are indicated for metatarsalgia. Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and non-steroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited. Although night splints would be medically necessary for the IW the request for motion controlled orthotics is not medically necessary and appropriate so the entire request is denied.

**Norco 10/325 #60 one tab q10 - 12 hours PRN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

**Naprosyn 500mg #60 one BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per ACOEM guidelines, nonprescription analgesics, short term non-weight bearing, cold application and elevation will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (e.g., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. NSAID's are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There is no documentation regarding the IW's response to Naprosyn in regards to pain level or functional improvement. Due to lack of documentation, the necessity of this request is unable to be determined and is deemed not medically necessary and appropriate.

**EMG/NCV to right lower extremity to assess damage to superficial peroneal nerve:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic testing (EMG/NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. This request is medically necessary and appropriate.