

Case Number:	CM15-0196342		
Date Assigned:	10/13/2015	Date of Injury:	10/02/2009
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 34 year old female, who sustained an industrial injury on 10-2-09. The injured worker was diagnosed as having tibial tendonitis; edema; nerve entrapment; traumatic arthritis; ankle effusion; antalgic gait. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-3-14 submitted by a podiatrist indicated the injured worker complains of pain of medial and lateral ankle characterized as burning pain in foot with gait abnormality and edema noted. The injured worker reports severe pain and feeling unstable on her feet. Objective findings are listed as: tibialis post tendon tear-neuropathic pain with sinus tarsi-edema-and neuropathy. The provider notes severe pain (Taylor Dome Injury). He reports a positive MRI (no date and no report) for development of a deep chondral fissure with subchondral remodeling and cystic change. The treatment plan on this date was to wrap the injured worker's foot and ankle in an Unna boot and Ace wrap. The same podiatrist with the same documentation except for the provider's treatment plan submitted a PR-2 dated 1-25-15. The treatment plan changed to: "Dispensed LidoPro Patches #30, nerve block injection and treated patient with a H-wave to pain by stimulating nerve in foot." A subsequent PR-2 note dated 1-27-15 was submitted by another provider and documented "She is here for ongoing lower back and right ankle pain. She has more pain on her lower back than on her ankle. She has been going to chiropractic therapy two times a week, and she pays for this out of her own pocket. She goes to massage therapy every other week because she cannot afford to attend more frequently. These therapies really help her with the pain. She is here today for medication refills. She continues to work full time." The provider lists her current medications as: Norco 10-325

one daily; Adderall 15mg twice daily (private pay); Prilosec 20mg PO PRN; Motrin 800mg PRN; Lexapro 10mg twice daily; Zanaflex 4mg PRN and Restoril 30mg once at night. The physical examination is documented as: "Examination of the lumbar spine showed decreased range of motion. Flexion is 30 degrees and extension is 0 degrees. Extension causes moderate pain. She has a positive straight leg raise to the right." The provider documents an MRI of the right ankle dated 8-4-11 impression "shows a small effusion in tibialis tendon which may indicate tenosynovitis." He also notes an MRI of the lumbar spine dated 6-26-12 impression ":4-L5 degenerative disc disease with grade 1 retrolisthesis of L4-L5, mild disk bulging and dorsal annular fissure." The provider has requested medications refills on his treatment plan. The provider notes a urine drug screening result dated 12-2-14 was aberrant. A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-28-15 and non-certification for Retrospective Lido Pro patches #30 (date of service: 1-21-15); Retrospective in house H-Wave treatment (DOS: 01/25/2015) and Retrospective nerve block injection (date of service: 1-21-15). A request for authorization has been received for Retrospective Lido Pro patches #30 (date of service: 1-21-15); Retrospective in house H-Wave treatment (DOS: 01/25/2015) and Retrospective nerve block injection (date of service: 1-21-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lido Pro patches #30 (DOS: 01/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical LidoPro patches #30 is not medically appropriate and necessary.

Retrospective in house H-Wave treatment (DOS: 01/25/2015): 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): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: Guidelines state that a trial of H-wave stimulation may be appropriate for pain if a TENS unit has been trialed and failed. In this case, there is no documentation regarding

pain relief or functional benefit with usage of the TENS. The request for H-wave treatment is not medically necessary and appropriate.

Retrospective nerve block injection (DOS: 01/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Activity Alteration, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve block injection.

Decision rationale: Guidelines do not support nerve block injections as they are of questionable merit and provide no long-term functional benefit in the treatment of tendonitis or Morton's neuroma. In this case, it is not specified what specific body part was treated with the nerve block injection. In addition the patient does not have a diagnosis for which an ankle injection would be appropriate. The request for nerve block injection is not medically appropriate and necessary.