

Case Number:	CM15-0196463		
Date Assigned:	10/12/2015	Date of Injury:	03/15/2012
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
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

Certification(s)/Specialty: Anesthesiology

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 59 year old male, who sustained an industrial injury on 8-15-2012. The injured worker is undergoing treatment for: bilateral plantar fasciosis, peroneal tendon tear, and foot pain. On 8-5-15, 9-2-15, and on 9-30-15, he reported "more pain in both ankles and both feet." He is reported to have recent injections and is planned to have another round of injections on 9-31-15. He also reported weakness in the feet. He rated his pain 6-7 currently, 3 at its best, 8 at its worst; average in the last 7 days is reported as 7 out of 10. He indicated his pain "symptoms to have been unchanged since the injury." He indicated he is able to walk 2 blocks before having to stop. Functional status reported as him avoiding work, socializing with friends and doing household chores. Objective findings revealed ambulation without assistive device and antalgic gait, lumbar spine with full range of motion, bilateral feet with tenderness to the dorsal aspect of each foot, normal range of motion to bilateral ankles, and decreased bilateral great toe range of motion. The provider noted that previous injections had given improvement. The treatment and diagnostic testing to date has included: medications, multiple physical therapy sessions, work boots with orthotics, 6 injections for plantar fasciitis (dates unclear), radiographic imaging and electrodiagnostic studies (2013), urine toxicology (9-30-15). Medications have included: Ambien, Xanax, Celexa, Lisinopril, Lovastatin, Vicodin, Diclofenac, Neurontin. The records indicated he has been utilizing Gabapentin, Norco, and Cyclobenzaprine since at least February 2015, possibly longer. Current work status: not working, retired. The request for authorization is for: steroid injection for the right foot; steroid injection for the left foot; replacement of custom made shoe inserts for the right shoe, quantity 2; replacement of custom made shoe inserts for the left shoe, quantity 2; Gabapentin 600mg quantity 90; Hydrocodone 10-325mg quantity 90; Cyclobenzaprine 7.5mg quantity 60; Methoderm 15 percent 120ml quantity 1. The UR dated 9-

9-2015: modified certification of Gabapentin 600mg quantity 81; Hydrocodone 10-325mg quantity 81; Cyclobenzaprine 7.5mg quantity 54; non-certified steroid injection for the right foot; steroid injection for the left foot; replacement of custom made shoe inserts for the right shoe, quantity 2; replacement of custom made shoe inserts for the left shoe, quantity 2; and Menthoderm 15 percent 120ml quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection for the left foot QTY1: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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, Steroid injections.

Decision rationale: According to the ODG, steroid injections are recommended for tendonitis or a Morton's neuroma. Regarding heel pain (plantar fasciitis), there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating the condition but only seem to be useful in the short term and only to a small degree. Corticosteroid injections are more efficacious and multiple times more cost-effective than ESWT in the treatment of plantar fasciopathy. In this case, there was no documentary of increased functional improvement from previous steroid injection therapy. Medical necessity for the requested steroid injection for the left foot has not been established. The requested injection is not medically necessary.

Steroid injection for the right foot QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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, Steroid injections.

Decision rationale: According to the ODG, steroid injections are recommended for tendonitis or a Morton's neuroma. Regarding heel pain (plantar fasciitis), there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating the condition but only seem to be useful in the short term and only to a small degree. Corticosteroid injections are more efficacious and multiple times more cost-effective than ESWT in the treatment of plantar fasciopathy. In this case, there was no documentary of increased functional improvement from previous steroid injection therapy. Medical necessity for the requested steroid injection for the right foot has not been established. The requested injection is not medically necessary.

Replacement of custom-made shoe inserts right shoe QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the ODG, orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. In this case, there is no documentation indicating the efficacy of a prefabricated brace. Medical necessity for the requested custom made shoe inserts for the right shoe has not been established. The requested items are not medically necessary.

Replacement of custom made shoe inserts left shoe QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the ODG, orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. In this case, there is no documentation indicating the efficacy of a prefabricated brace. Medical necessity for the requested custom made shoe inserts for the left shoe has not been established. The requested items are not medically necessary.

Gabapentin 600mg QTY 90: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30%

reduction. In this case, there is no documentation of subjective or objective findings to continue the use of Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Hydrocodone 10/325mg QTY 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Vicodin 10/325mg (Hydrocodone/Acetaminophen (APAP)) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Cyclobenzaprine 7.5mg QTY 60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Mentherm 15.00% 120ml QTY 1: 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): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Methoderm gel contains methyl salicylate and menthol. There is no peer-reviewed literature to support its use. This has the same formulation as over-the-counter products such as, BenGay. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.