

Case Number:	CM15-0202443		
Date Assigned:	10/19/2015	Date of Injury:	08/06/1985
Decision Date:	12/29/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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, Pain Management, Occupational 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:

This is a 58 year old male who sustained a work-related injury on 8-6-85. Medical record documentation on 9-17-15 revealed the injured worker was being treated for primary localized osteoarthritis of the ankle and foot, subtalar fusion and unspecified neuralgia, neuritis and radiculitis. He reported ongoing left foot pain and shooting pains in the heel of his foot and in the arch. He used custom shoes and had not obtained new orthotics for the previous two years. He rated his pain a 7-9 on a 10-point scale. He reported that the acetaminophen in his Norco caused Gastrointestinal upset which was managed by Prilosec. Objective findings included atrophy of the left leg from the knee to the ankle including the calf muscle. He had hypersensitivity over the left heel and the left lateral side of the foot. He had diminished sensation and decreased range of motion in all planes, particularly inversion. He had a nonantalgic gait. His treatment plan included a trial of Duexis to reduce pain and associated gastrointestinal symptoms; trial of Pennsaid for ankle and foot pain, and Voltaren gel. A request for orthopedic re-evaluation for a brace and replace orthotics three times per year, Voltaren 1% topical gel 1 gram twice per day as needed for thirty days, dispense one tube with one refill, Duexis 800 mg-26.6 mg one twice per day as needed for thirty days, dispense 60 with five refills, and Pennsaid 20 mg-gram-actuation 2% topical Soln 2 gram four times per day as needed for thirty days, dispense 250 grams with 5 refills was received on 9-17-15. On 9-23-15, the Utilization Review physician modified orthopedic re-evaluation for a brace and replace orthotics three times per year to orthopedic re-evaluation only; and determined Voltaren 1% topical gel 1 gram twice per day as needed for

thirty days, dispense one tube with one refill, Duexis 800 mg-26.6 mg one twice per day as needed for thirty days, dispense 60 with five refills, and Pennsaid 20 mg-gram-actuation 2% topical Soln 2 gram four times per day as needed for thirty days, dispense 250 grams with 5 refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

See Orthopedist for a brace and replace orthotics (3 times/year): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot/ankle: Orthotics.

Decision rationale: ACOEM recommends consultation to assist with assessment, treatment or diagnosis. This request is to review whether the current orthotics used by the patient are appropriate or need to be replaced. ODG states that orthotics can be used for specific foot conditions. An evaluation is needed by an orthopedic surgeon to determine whether new orthotics are needed. If new orthotics are recommended then they can be reviewed to determine whether they are medically necessary. However, the specific orthotics needed are not described in the medical records nor is the instability or anatomic issue identified in the medical records. This request for new orthotics is not medically necessary.

Voltaren 1% topical gel 1 gram BID PRN for 30 days, dispense 1 tube refills 1: Upheld

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

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

Decision rationale: MTUS 2009 states that topical non-steroidal anti-inflammatory drugs such as Voltaren gel are a short term option to treat superficial joint disorders. MTUS 2009 states that long term efficacy has not been shown. In this case, the duration of use exceeds the proven efficacy of Voltaren gel. There is no information concerning the patients functional benefit from the use of Voltaren gel described in the medical records. The work status and functional status of the patient is deferred to the primary treating physician. The patient continues to be provided oral analgesic medications including oral monster idol anti-inflammatory drugs. There is no obvious clinical benefit from the use of Voltaren gel in this case. Voltaren gel is not medically necessary in the care of this patient.

Duexis 800 mg-26 mg 1 BID PRN for 30 days, dispense 60 refills 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: MTUS 2009 states that non steroidal anti inflammatory drugs should be used at the lowest dose and shortest duration possible. The patient has currently used nonsteroidal anti-inflammatory drugs for an extended period of time. The patient continues to report significant pain and has significant limitations on the physical examination. There is no functional benefit derived from the use of nonsteroidal anti-inflammatory drugs described in the medical records. The damage that nonsteroidal anti-inflammatory drugs can inflict on the kidney liver and heart are well described in evidence-based guidelines. This request for Duexis is not medically necessary.

Pennsaid 20 mg/gram/actuation 2% topical Soln 2 gram QID PRN for 30 days dispense 250 gram, refills 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pennsaid.com.

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

Decision rationale: MTUS 2009 states the topical nonsteroidal anti-inflammatory drugs can be used to treat superficial joint pain and have been successful with short-term use. Pennsaid is another topical delivery medium which contains diclofenac. Voltaren gel has already been used in this patient. Voltaren gel has not shown any long-term benefits. The medical records do not state why diclofenac delivered using Pennsaid would work better than Voltaren gel. The patient has already had a trial with a topical nonsteroidal anti-inflammatory drug and did not demonstrate long-term improvement. The addition of Pennsaid in this case is not medically necessary.