

Case Number:	CM15-0204529		
Date Assigned:	10/21/2015	Date of Injury:	10/08/2012
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 56-year-old female, who sustained an industrial injury on October 8, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having exostosis, hypertrophic scar and acute capsulitis. Treatment to date has included surgery, diagnostic studies, physical therapy and medication. On August 19, 2015, the injured worker presented for follow-up of left foot exostectomy and hypertrophic scar. She stated "nothing seems to help" but she continues to try all treatment recommended. Notes stated that she would like to proceed with right foot surgery. Physical examination revealed left MTP joint well aligned. There was mild pain with left first MTP joint range of motion and limited left first MTP joint plantar flexion. Notes stated that a request for right foot partial matrixectomy was already approved. The treatment plan included adding right 1st MPJ exostectomy and left foot scar tissue revision to be done at the same time. Vimovo 5-20 quantity of 60 with three refills was also included to help relieve her pain. On October 11, 2015, an MRI of the left foot without contrast was performed. Findings included mild degenerative changes about the first distal metatarsal phalangeal and first interphalangeal joint space with no malalignment or bone destruction. There was no evidence of cellulitis, periarticular fluid collections or osteomyelitis. On September 14, 2015, utilization review denied a request for one right 1st MPJ exostectomy, one left foot scar tissue revision and 60 Vimovo 5-20mg with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right 1st MPJ exostectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) Surgery for hallux valgus.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Diagnostic Criteria, Special Studies, Surgical Considerations.

Decision rationale: As per MTUS, page 374, the patient has recorded no functional improvement through an extensive range of treatments, with reduction of activity. As per MTUS guidelines, page 365, objective evidence of pathology, consistent with the patient's subjective complaints requires identification and documentation in the medical record. The record has mention of, but provides no evidence of diagnostic study of the hallux right. As recommended by the MTUS guidelines, the record does not include objective evidence of pathology correlating the injured worker's clinical presentation and the requested surgical procedure,. A discrete lesion is not identified in the record. A supported rationale for the requested procedure has not been provided. The record does not substantiate assurance of both short term and long-term benefit from the proposed surgical measures. If treatment is indicated to address a disorder, the type of treatment should be explained, the reasons for the treatment, and the possible benefits of the treatment. As per MTUS guidelines, the requested treatment: 1st right, MPJ exostectomy, is not supported in the record and is not certified as medically necessary.

1 left foot scar tissue revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cincinnati Children's Hospital Medical center. Best evidence statement (BEST). Use of pressure therapy for management of hypertrophic scarring. Cincinnati (OH): 2014 Mar 13. 10p..

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Work-Relatedness, Physical Methods.

Decision rationale: As per MTUS, page 376, Table 14-6. Methods of Symptom Control for Ankle and Foot Complaints, a good functional result are the goal of treatment. The injured worker has had multiple failed and repeated matrixectomies followed by painful, scar formation, with revision, leading to work place disability. The record has indicated that Industrial induced deformity of the bilateral, hallux, from shoe pressure, led to chronic onychocryptosis, bilateral, followed with surgical procedure and symptomatic scarring. With repeated failure of treatment, it is important that a supported rationale for the requested procedure be provided. The record does not support assurance of both short term and long-term benefit from the proposed surgical measures. The record provides no evidence of consultation, diagnostic study, or alternatives in care management as recommended by the MTUS guidelines. A supported rationale for the requested procedure has not been provided. Certification of the proposed surgical measure: Left Foot Scar Tissue revision is not substantiated by the record and cannot be considered medically necessary.

60 Vimovo 5/20mg with 3 refills: 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), Pain (Chronic) - Vimovo (esomeprazole magnesium/naproxen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Vimovo is utilized as a non-steroidal anti-inflammatory medication, considered applicable when there is a high risk for stomach bleeding or ulceration. Vimovo is not endorsed by MTUS guidelines. Vimovo contains a combination of esomeprazole and naproxen. Naproxen is a non-steroidal anti-inflammatory drug (NSAID), with proven anti-inflammatory and analgesic properties. Esomeprazole reduces the stomach acid secretion that can cause gastric ulceration. Naproxen is an NSAID recommended for the use by MTUS; Chronic Pain Medical Treatment Guidelines, page 66 and is parcel to Vimovo. The record indicates, that the patient has been prescribed Naproxen for use, with no report of ill effects. The patient has been prescribed Omeprazole, concurrent with Naproxen, with no reported ill effects. Omeprazole is used in the treatment of gastric ulcer disorder, for reasons similar to the use of Esomeprazole. The record does not identify a failure to meet therapeutic objectives utilizing Naproxen/Omeprazole. The record does not indicate the discontinuation of Naproxen/Omeprazole. The record does not indicate the rationale for the prescription alternative. Vimovo 5/20 mg cannot be certified as medically necessary.