

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0207349 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 10/16/2009 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67-year-old female, who sustained an industrial injury on October 16, 2009, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and disc displacement and lumbar radiculopathy. Treatment included physical therapy and home exercise program, proton pump inhibitor, topical analgesic patches, sleep aides and modified activities. Currently, the injured worker persistent low back pain radiating into her right buttock and hip and lower extremity. She noted frequent muscle spasms in the right leg at night. She rated her pain 3 at its best and 7 at its worst on a scale from 0 to 10. She had limited range of motion of the lumbar spine secondary to increased pain. She was recommended for orthotics as she had pronation of her feet. The treatment plan that was requested for authorization included custom shoe inserts (orthotics-one pair) and a prescription for Exoten-C pain cream 113 grams, quantity 3. On October 8, 2015, requests for custom shoe inserts and Exoten-C cream was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom shoe inserts (orthotics-pair), Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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."In this case, the claimant did not have the above diagnoses. The inserts were used for pronation . The request is not a medical necessity.

Exoten-C pain cream 113grams, Qty: 3.00: 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Exoten is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had also used other topicals including Medrox in the past. The Exoten is not medically necessary.