

Case Number:	CM15-0212558		
Date Assigned:	11/02/2015	Date of Injury:	08/07/2012
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 08-07-2012. The injured worker is currently able to work full duty. Medical records indicated that the injured worker is undergoing treatment for chronic plantar fasciitis. Treatment and diagnostics to date has included shockwave treatments, analgesic medications, and anti-inflammatory patches. Subjective data (07-14-2015 and 09-18-2015), included residual symptoms related to her plantar fasciitis. No objective findings noted on 07-14-2015 or 09-18-2015 progress notes. The request for authorization dated 09-22-2015 requested EPAT (Extracorporeal Pulse Activation Treatment) to the right heel x 3-5 sessions and LidoPro patches (15 packets) x 1 box. The Utilization Review with a decision date of 09-28-2015 denied the request for EPAT 3-5 sessions and LidoPro patches (15 patches) x 1 box.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPAT, 3-5 sessions: Upheld

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

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 (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for plantar fasciitis. In January 2014 she was having a flareup of heel pain. She had been treated with shockwave therapy one year before. In February 2014 custom footwear was provided. As of April 2014 she was working at full duty with minimal symptoms. When seen in July 2015 she was working at full duty. She had not been seen in nearly 6 months and was doing quite well after her treatments. Semi custom shoes were provided and Norco and Terocin patches were prescribed. When seen in September 2015 she had some residual symptoms and she wanted to have these eliminated if possible and reduce the likelihood of recurrence. No physical examination was recorded. Authorization for an additional course of shockwave treatment and for Lidopro patches was requested. Extracorporeal shock wave therapy (ESWT) using low energy is an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. Criteria for the use of ESWT include patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment and that at least three conservative treatments have been performed prior to use. In this case, the claimant had ESWT more than 18 months ago with benefit. However, in January 2014 she was having a flare-up of symptoms that responded to appropriate conservative treatments by April 2014. Now after less than 3 months of treatment beginning in July 2015 repeat ESWT is being requested. The claimant has not failed another course of standard treatments lasting for six months and no physical examination are being reported that support the procedure being requested. A maximum of 3 therapy sessions over 3 weeks could be recommended but the number of treatments requested is up to 5 which is in excess of the number that could be recommended. For these reasons, this treatment is not medically necessary.

Lidopro patches (15 packets), 1 box: Upheld

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

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

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for plantar fasciitis. In January 2014 she was having a flareup of heel pain. She had been treated with shockwave therapy one year before. In February 2014 custom footwear was provided. As of April 2014 she was working at full duty with minimal symptoms. When seen in July 2015 she was working at full duty. She had not been seen in nearly 6 months and was doing quite well after her treatments. Semi custom shoes were provided and Norco and Terocin patches were prescribed. When seen in September 2015 she had some residual symptoms and she wanted to have these eliminated if possible and reduce the likelihood of recurrence. No physical examination was recorded. Authorization for an additional course of shockwave treatment and for Lidopro patches was requested. Lidopro contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch

system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as [REDACTED] or [REDACTED]. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.