MAXIMUS Federal Services

Case Number:	CM15-0221262		
Date Assigned:	11/16/2015	Date of Injury:	12/12/2012
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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(n) 59 year old male, who sustained an industrial injury on 12-12-12. The injured worker was diagnosed as having Morton's neuroma and plantar fasciitis. Subjective findings (5-14-15, 9-2-15) indicated residual discomfort in the feet. Objective findings (5-14-15, 9-2-15) revealed swelling of the right fifth digit and no appreciable pain or discomfort with palpation or physical manipulation to the bilateral feet. As of the PR2 dated 10-1-15, the injured worker reports numbness and intermittent sharp pain in both feet. The injured worker stated that he has previously received two sclerosing agent injections one year ago. Objective findings include pain on palpation of the intermetatarsal spaces bilaterally and tingling from micmetatarsals bilaterally. The treating physician performed an injection into the second and third metatarsal nerves and the fourth, fifth, sixth and seventh digital proper nerves. The treating physician recommended starting Ketamine 10%, Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%. Treatment to date has included Norco and Diclofenac. The Utilization Review dated 10-21-15, non-certified the request for Ketamine 10%, Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, 240gm QTY: 4.00 and retrospective destruction by neurolytic agents 2cc's of 8% sclerosing agent x1 DOS: 10/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, 240gm QTY: 4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Ankle and Foot Complaints 2004, Section(s): General Approach, Diagnostic Criteria, Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Functional improvement measures, Ketamine.

Decision rationale: The injured worker is recorded as having bilateral metatarsalgia, with symptoms being suspect of neuralgia, neuritis. As in the case of neuroma/neuritis, per MTUS, page 36: Neuropathic pain is pain initiated or caused by a primary lesion or dysfunction of the nervous system. MTUS guidelines, page 371, recommend active study and referral to ascertain objective findings of pathology consistent with the injured worker's complaints. The record does not include objective evidence of pathology correlating the injured worker's clinical presentation. Discrete lesion is not identified in the record. As per the medical treatment guidelines, MTUS page 8, the treating physician is prescribing a combination topical medication not approved by the evidence based guidelines. A supported rationale for the requested medications has not been provided. Assurance of benefit from the proposed treatment is not substantiated in the record. As directed by: Title 8, page 7, California Code of Regulations: Independent self-management is the long-term goal of all forms of functional restoration. On recent evaluation, the record indicates, that the injured worker's condition is stable with present treatment. The injured worker provides no indication of intractable pain. The record states, that the injured worker manages his condition primarily and effectively with shoes and his present medications. Independent self-management and functional restoration is achieved by the present treatment regimen. The requested treatment: Ketamine 10%, Gabapentin 6%, Baclofen 1%, Bupivacaine 1%, 240 gm, QTY: 4.0 is not medically necessary.

Retrospective Destruction by Neurolytic agents 2cc's of 8% sclerosing agent x1 DOS: 10/1/15: 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): Alcohol injections (for Morton's neuroma).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: As per MTUS, Title 8, page 8, California Code of Regulations, when choosing an invasive procedure to treat a specific chronic pain problem: If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The record indicates that the injured worker has had a recurrence of symptoms and has recorded no functional improvement from previous applications of the requested treatment. The record indicates that the injured worker has responded well to present medications and a careful selection of shoe wear. A supported rationale for the requested procedure has not been provided. The record provides no evidence of current, supporting, neurodiagnostic study. A discrete lesion is not identified in the record. Assurance of benefit from the proposed measure is not substantiated by the record. As per MTUS guidelines, the requested invasive procedure: Retrospective Destruction by Neurolytic Agents 2 cc of 8% sclerosing agent X 1 DOS: 10/1/15 is not medically necessary.