

Case Number:	CM15-0034053		
Date Assigned:	02/27/2015	Date of Injury:	01/18/2014
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 55-year-old female who sustained an industrial injury on 01/18/2014. Current diagnoses include right foot/ankle contusion and left foot/ankle contusion. Previous treatments included medication management and activity restrictions. Report dated 12/01/2014 noted that the injured worker presented with complaints that included right and left foot and ankle pain. Physical examination was positive for abnormal findings. Documentation submitted included an MRI of the left foot dated 01/06/2015 and MRI of the left ankle dated 01/13/2015. Utilization review performed on 01/26/2015 non-certified a prescription for Mentherm cream, Prilosec, and MRI of the left foot and ankle, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm cream: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, Chronic Pain Treatment Guidelines Page(s): 43, 68, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 01/22/15 initial evaluation states that the patient presents with pain in the lumbar spine and bilateral knees and has a history of injury to the right foot, ankle and heel and left foot and heel. The patient's diagnoses include Internal derangement of both knees. The current request is for MENTHODERM CREAM. The RFA included is dated 12/01/14. The patient is Temporarily Totally Disabled. MTUS page 111 states that Topical Analgesics (NSAIDs) are indicated for peripheral joint arthritis/tendinitis. Mentherm is a compound analgesic containing Methyl Salicylate and Menthol. The treating physician states that the patient's knees should be treated with topical creams including NSAID topicals. The patient denies medication use and it appears that the patient is just starting this medication. Mentherm is intended for peripheral joint tendinitis. The request IS medically necessary.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, Chronic Pain Treatment Guidelines Page(s): 43, 68, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The 02/14/14 initial evaluation by [REDACTED] states that the patient presents with pain in the lumbar spine and bilateral knees and has a history of injury to the right foot, ankle and heel and left foot and heel. The patient's diagnoses include internal derangement of both knees. The current request is for PRILOSEC 20 mg. The RFA included is dated 12/01/14. The patient is Temporarily Totally Disabled. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The 12/01/14 report by [REDACTED] recommends the patient be prescribed an oral NSAID and Prilosec. It appears that the patient is just starting both the NSAID and Prilosec as the patient denies current medication use. However, the reports provided for review do not discuss the reason for the requested Prilosec. There is no evidence of GI issues for this patient, and no GI assessment is provided as required by the MTUS guidelines. The request IS NOT medically necessary.

MRI of left foot and left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, Chronic Pain Treatment Guidelines Page(s): 43, 68, 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot Chapter, MRI.

Decision rationale: The 12/01/14 progress report by [REDACTED] is hand written and partially illegible. This report states that the patient presents with bilateral foot and ankle pain with a listed diagnosis of contusion of the bilateral feet and ankles. The treater does not discuss the reason for this request. The 06/04/14 report by [REDACTED] includes listed diagnoses of crushing injury foot and crushing injury lower leg and cites an x-ray "date undetermined" of the left foot showing no sign of fracture or dislocation. The current request is for MRI OF LEFT FOOT AND LEFT ANKLE. The RFA included is dated 12/01/14. The patient is Temporarily Totally Disabled. ODG guidelines Ankle and Foot Chapter MRI Topic, states that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. In this case, the reports provide clinical evidence of chronic foot pain following injury to the foot and negative radiographs. The guidelines allow MRI for pain of uncertain etiology. There is no evidence of a prior MRI left foot for this patient. The request IS medically necessary.