

Case Number:	CM15-0034785		
Date Assigned:	03/03/2015	Date of Injury:	01/27/2000
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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 44 year old male, who sustained an industrial injury on 1/27/00. He has reported foot injury. The diagnoses have included plantar fasciitis, edema and nerve entrapment. Treatment to date has included TENS unit, activity modifications, H-wave therapy, home exercise program, multiple nerve block injections and trigger point injections. Currently, the injured worker complains of pain plantar foot and heel area increased at end of day with edema and pain level increased with range of motion. Objective findings noted were plantar facial pain/strain, burning heel pain and altered gait. On 1/26/15 Utilization Review non-certified Terocin patches #30, noting lack of documentation of objective functional gains with its use and no discussion of a trial of first-line therapy and nerve block injection, noting nerve block injections have no proven value with plantar fasciitis and submitted a modified certification for 30 follow up visits modified to 1 visit, noting after an office visit a progress report should be completed documenting if further treatment is medically necessary. The MTUS, ACOEM Guidelines was cited. On 2/24/15, the injured worker submitted an application for IMR for review of 30 follow up visits modified to 1 visit, Terocin patches #30 and nerve block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits x30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient presents with plantar fascial and heel pain rated 5/10 to an unspecified foot. The patient's date of injury is 01/27/00. Patient is status post nerve block and trigger point injections at dates and exact locations unspecified. The request is for FOLLOW UP VISITS X30. The RFA was not provided. Physical examination dated 12/09/14 documents burning pain to the heel, plantar fascial pain and strain, and an altered gait. The affected extremity is not specified. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current employment status is not provided. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the treating podiatrist is requesting 30 follow up visits to monitor this patient's continuing foot pain. While MTUS does not provide an exact number of follow up visits to be performed, the requested 30 visits appears excessive. There is no discussion provided as to why this patient will require 30 additional visits or a time frame over which they will occur. Utilization review dated 01/26/15 certified this request with modifications, reducing the number of follow up visits to 1, leaving open the possibility of additional visits thereafter. Without a clearer rationale provided as to why this patient requires such a lengthy course of treatment, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Terocin patches #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Dailymed.nlm.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with plantar fascial and heel pain rated 5/10 to an unspecified foot. The patient's date of injury is 01/27/00. Patient is status post nerve block and trigger point injections at dates and exact locations unspecified. The request is for TEROGIN PATCHES #30. The RFA was not provided. Physical examination dated 12/09/14 documents burning pain to the heel, plantar fascial pain and strain, and an altered gait. The affected extremity is not specified. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current employment status is not provided. MTUS Page 112 states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." In this case, the treater is requesting Terocin patches for this patient's continuing foot pain. Progress

notes provided indicate that this patient's foot complaint has a neuropathic component owing to nerve entrapment and is localized to the bottom of the foot. Terocin patches are indicated for such neuropathic etiologies and could produce pain reduction and functional improvement. Therefore, the request IS medically necessary.

Nerve block injection #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Injections with anesthetics and/or steroids.

Decision rationale: The patient presents with plantar fascial and heel pain rated 5/10 to an unspecified foot. The patient's date of injury is 01/27/00. Patient is status post nerve block and trigger point injections at dates and exact locations unspecified. The request is for NERVE BLOCK INJECTION #1. The RFA was not provided. Physical examination dated 12/09/14 documents burning pain to the heel, plantar fascial pain and strain, and an altered gait. The affected extremity is not specified. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current employment status is not provided. ODG Pain chapter, under Injections with anaesthetics and/or steroids states: "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." In regards to what appears to be a nerve block targeted at this patient's chronic foot pain, the request appears reasonable. Progress note dated 01/09/14 documents that this was an in-office injection performed by a podiatrist and intended to reduce this patient's plantar fasciitis and nerve entrapment pain. ODG indicates that such injections are recommended in select cases as an adjunct to other therapies to reduce pain and facilitate physical therapy and functional restoration. Therefore, the request IS medically necessary.