MAXIMUS Federal Services

Case Number:	CM15-0042384		
Date Assigned:	03/12/2015	Date of Injury:	11/06/2008
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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, Hawaii
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(n) 48 year old male, who sustained an industrial injury on 11/6/08. He reported pain in the left foot. The injured worker was diagnosed as having left sesamoiditis and left joint capsulitis and tendinitis. Treatment to date has included gel inserts. As of the PR2 dated 2/5/15, the injured worker reports soreness in left forefoot and great toe. The treating physician noted tenderness in the great toe and non-antalgic gait. The treating physician requested shoe orthotics and Sombia #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoe orthotics, both feet: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The patient has ongoing pain in the left forefoot, and great toe in the area of the sesamoids. The current request is for shoe orthotics, both feet. ACOEM states "Rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fascitis and metatarsalgia." In this case, the current diagnoses include sesamoiditis, capsulitis, and tendinitis. The ACOEM guidelines support the use of rigid orthotics for the treatment of plantar fasciitis and metatarsalgia. The current documentation does not establish medical indicates pain at the junction of the great toe and metatarsal consistent with metatarsalgia. As such, medical necessity has been established per the guidelines and recommendation is for authorization.

Sombia #4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

Decision rationale: The patient has ongoing pain in the left forefoot, and great toe in the area of the sesamoids. The current request is for Sombia # 4oz. With regard to topical analgesics, the MTUS finds them to be 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the attending physician does not provide enough information to determine the active ingredient in the requested product. MTUS, ODG and a web search fail to find any matches for a product by the name Sombia. Without the requester providing the active ingredient, the provided documentation does not establish medical necessity. As such, recommendation is for denial.