

Case Number:	CM15-0042786		
Date Assigned:	03/12/2015	Date of Injury:	08/03/2012
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female who sustained a work related injury August 3, 2012. Past history included excision of soft tissue mass x 2 right foot with neurolysis and excision of scarring of digital nerve, right second toe, January, 2013 and right second tarsometatarsal joint arthrodesis, sinus tarsectomy or excision inflamed tissue right sinus tarsi, September, 2013. According to a primary treating physician's progress report dated January 14, 2015, the injured worker presented with complaints of right foot, right ankle and big toe pain, rated 9-10/10 without medication and 5/10 with medication. She also complains of weight gain, trouble sleeping, and constipation, leg cramping, and swelling of the joints, dizziness, nervousness, stress and depression. Diagnosis is documented as fracture metatarsal-closed. Treatment plan included requests for authorization for replacement custom orthotics for bilateral feet, MRI of the right foot, Motrin and Flector patch use of hot and cold modalities and continue activities as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3 daily, #30: 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) Pain, Diclofenac, topical (Flector).

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

Decision rationale: MTUS Chronic Pain Guidelines state topical diclofenac (Flector patch) is indicated for relief of osteoarthritis pain in joints such as the elbow, hand, knee, and wrist, but is not recommended for neuropathic pain. There is no evidence to support the use of topical NSAIDs for osteoarthritis pain of the spine, hip, or shoulder. The medical documentation does not provide any other reason for using the patch for her shoulder pain, and does not document the functional limitations she has due to her current less than optimal pain control. The request for Flector patch # 30 is not medically necessary and appropriate.

Motrin 600mg, #90 (3x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on an NSAID, but the MTUS guidelines recommend against long-term use. Subjective neuropathic pain is present, but as MTUS outlines, the evidence for NSAID use in neuropathic pain is inconsistent. As such, the request for Motrin 600mg #90 is not medically necessary.

MRI of the right foot: 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) Ankle, Foot, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG: Ankle & Foot, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM guidelines state "Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain." The foot pain does appear to have been present for greater than one month. ODG further specifies indications for MRI of foot: Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular, Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable, Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome, Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected, Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. The employee's medical record does not show any of these conditions. There is no justification of why an MRI is required and what information it would yield. Therefore, the request for an MRI of the right foot is not medically necessary.