

Case Number:	CM15-0087361		
Date Assigned:	05/13/2015	Date of Injury:	02/15/2015
Decision Date:	09/23/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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

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 (IW) is a 30 year old male who sustained an industrial injury on 02/15/2015. He reported left foot and ankle pain that he attributes to prolonged standing at work. He also states he noticed the onset of stress and insomnia which he attributes to harassment from his manager who yelled at him with a loud and overpowering voice in front of the co-workers and clients. Currently, the injured worker complains of continuous left foot and ankle pain rated a 9-10 on a scale of 1-10 that increases with prolonged standing, walking, and climbing. On examination he has tenderness to palpation over the left lateral ankle and left plantar ligament. He has full range of motion of the right ankle. He has full toe range of motion with pain towards end ranges of motion due to plantar fasciitis of the left foot. Flexion of the left ankle is slightly diminished. The injured worker was diagnosed as having left foot/ankle sprain/strain, insomnia, stress/anxiety, and left foot plantar fasciitis. Treatment to date has included no medications. Several requests for authorization are made, they include: Psyche consult, Bilateral heel cups, Orthotic inserts for plantar fasciitis, Naproxen 550mg #60, Physical therapy 3 wk 4 left ankle and left foot, requested on 3/3/15 and 4/1/15, Subsequent Functional Improvement measurements left foot and left ankle, requested 4/1/15, Baseline Functional Improvement measurements left foot and left ankle, requested 3/3/15, Internal Medicine consult, X-rays to left ankle and left foot, Topical compounds: (Requested 3/3/15 and 4/1/15) Flurbiprofen 20%, Baclofen 5%, Dexamethasone 0.2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base-240mg, Topical compounds: (requested 3/3/15 and 4/1/15), Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%,

Hyaluronic acid 0.2% in cream base-240mg, Omeprazole 20mg #30, Transportation services for all medical services, CBC, CMP, Hemoglobin A1C, and Urine Toxicology Screen, DNA testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 wk 4, left ankle and left foot, requested on 3/3/15 and 4/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG (Ankle and Foot Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Original reviewer modified the request to 6 sessions of physical therapy. Physical therapy 3 wk 4, left ankle and left foot, requested on 3/3/15 and 4/1/15 is not medically necessary.

Subsequent Functional Improvement measurements left foot and left ankle, requested 4/1/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation ODG, Performing an FCE, Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures, Knee & Leg (Acute & Chronic).

Decision rationale: The Official Disability Guidelines recommended functional improvement measurements. Restoration of function should be the primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. I am reversing the previous utilization review decision. Subsequent Functional Improvement measurements left foot and left ankle, requested 4/1/15 is medically necessary.

Baseline Functional Improvement measurements left foot and left ankle, requested 3/3/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation ODG, performing an FCE, Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures, Knee & Leg (Acute & Chronic).

Decision rationale: The Official Disability Guidelines recommended functional improvement measurements. Restoration of function should be the primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. I am reversing the previous utilization review decision. Baseline Functional Improvement measurements left foot and left ankle, requested 3/3/15 is medically necessary.

Internal Medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127 and the Official Disability Guidelines (ODG), (Low Back Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCOEM Occupational Medicine Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Internal Medicine consult is not medically necessary.

X-rays to left ankle and left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: According to the MTUS, ankle x-rays are appropriate when the Ottawa Criteria apply. For the ankle, these criteria are: a) tenderness at the posterior edge or tip of the lateral malleolus; b) tenderness at the posterior edge or tip of the medial malleolus; or c) inability to bear weight both immediately and in the emergency department. Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55

years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. X-rays to left ankle and left foot is not medically necessary.

Topical compounds: (Requested 3/3/15 and 4/1/15) Flurbiprofen 20%, Baclofen 5%, Dexamethasone 0.2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base- 240mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Topical compounds: (Requested 3/3/15 and 4/1/15) Flurbiprofen 20%, Baclofen 5%, Dexamethasone 0.2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base-240mg is not medically necessary.

Topical compounds: (requested 3/3/15 and 4/1/15)- Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%, Hyaluronic acid 0.2% in cream base-240mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Topical compounds: (requested 3/3/15 and 4/1/15)-Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%, Hyaluronic acid 0.2% in cream base-240mg is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #30 is not medically necessary.

Transportation services for all medical services: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, and Criteria for Medical Transportation and Related Services Non-emergency medical transportation.

Decision rationale: A patient's transportation needs back and forth to doctor visits is not a medical issue; consequently, it is not covered and California Labor Code, section 4610. An independent medical review officer cannot speak to the issue of either to authorize or not to authorize transportation to and from a doctor's office. This issue would be better decided by the claims administrator. Transportation services for all medical services is not medically necessary.

CBC, CMP, Hemoglobin A1C, Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. 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. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. CBC, CMP, Hemoglobin A1C, Urine Toxicology Screen are not medically necessary.

DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. DNA testing is not medically necessary.