

Case Number:	CM13-0036240		
Date Assigned:	12/13/2013	Date of Injury:	12/06/2003
Decision Date:	02/14/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who reported an injury on 12/06/2003. The patient is currently diagnosed with ankle pain and plantar fasciitis. The patient was seen by [REDACTED] on 09/10/2013. The patient reported persistent ankle pain and left-sided foot pain. Physical examination revealed pain with eversion and inversion of the left lower extremity, presence of a scar, tenderness to palpation, painful range of motion, decreased range of motion, and intact sensation. Treatment recommendations included a Kenalog and lidocaine injection, night splints for plantar fasciitis, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Night splints for plantar fasciitis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Ankle & Foot Chapter, Orthotic devices.

Decision rationale: California MTUS/ACOEM Practice Guidelines state night splints, as part of a treatment regimen that may include stretching, range of motion exercises and NSAIDs, may be

effective in treating plantar fasciitis, though evidence is limited. As per the clinical notes submitted, the patient does maintain a diagnosis of plantar fasciitis. However, there is no evidence of a treatment regimen including stretching, range of motion exercises, or NSAIDs. Therefore, the patient is not currently a candidate for night splints. As such, the request is non-certified.

1 Plantar fascia injection of 40mg Kenalog, 3cc Lidocaine, and 10mg Triamcinolone Acetonide #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, including injection procedures have no proven value with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if 4 to 6 weeks of conservative therapy is ineffective. As per the clinical notes submitted, the patient does maintain a diagnosis of plantar fasciitis. However, there is no evidence of a failure to respond to at least 4 to 6 weeks of conservative therapy prior to the request for an injection. As such, the request is non-certified.

Adipex-P 37.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: Adipex (phentermine) is an appetite suppressant used together with diet and exercise to treat obesity. Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the clinical notes submitted, the patient does not maintain a diagnosis of obesity. There is also no evidence of this patient's participation in a weight management program or physical activity. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.