

<b>Case Number:</b>	CM14-0125019		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/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 worker is a 27 year old male who was injured on 11/7/2013, involving a board hitting his right foot and ankle. He was initially treated with physical therapy, a hard sole shoe, activity modification, and oral NSAIDs. He was diagnosed with contusion of foot and later chronic right foot pain. He was seen by his orthopedic surgeon on 7/18/2014 complaining of his right foot and ankle pain and the inability to do his job at work because of this (has not returned to work). His pain is located around the dorsum of the midfoot, primarily around the second tarsometatarsal joint and across the midfoot and was rated at a 7/10 on the pain scale. In the opinion of the surgeon, he was not a candidate for surgery and was recommended he continue with a pain specialist for his primary management of his chronic foot pain. He was also recommended he continue his home exercise, ibuprofen, and ice. He also was recommended Voltaren gel and Ultram. Also, a formal functional capacity evaluation was recommended to "help determine work restrictions given his fairly heavy job duties."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation ACOEM page 138 Official Disability Guidelines - FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12; 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluations (FCE).

**Decision rationale:** The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, it is not essential to refer this general work assessment to another provider, and deciding his functional capacity can be determined by his primary treating physician during any regular office visit. Since, the MTUS does not recommend formal FCEs, and none of the required preparation was met by the providing physician, the FCE is not medically necessary.

**Voltaren 1% gel:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood

concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, the use of two NSAIDs (ibuprofen and Voltaren gel) is unnecessary. Also, there is no evidence that the use of the Voltaren was only for temporary use for an acute exacerbation, which would be the only evidenced based use of this medications as long-term use data is insufficient. Therefore, the Voltaren gel is not medically necessary.