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| Case Number: | CM14-0040975 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 03/20/2013 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/08/2014 |

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain and plantar fasciitis reportedly associated with cumulative trauma at work first claimed on March 20, 2013. Thus far, the applicant has been treated with the following: analgesic medications and unspecified amounts of physical therapy. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for podiatry consultation, denied a gym membership, approved Norco, approved OxyContin, and denied topical TG hot. The claims administrator did not invoke any guidelines to deny the consultation but stated that the applicant had had two prior podiatry consultations and did not require a third. Non-MTUS ODG Guidelines were invoked to deny the gym membership, while MTUS Guidelines were invoked to deny the topical compound. The applicant's attorney subsequently appealed. In a December 17, 2013 progress note, the applicant reported ongoing complaints of bilateral foot pain reportedly imputed to plantar fasciitis. Corticosteroid injections were only temporarily successful. The applicant was having issues with depression and anxiety due to her injury and resultant inability to work, walk, or exercise. The applicant was using Vicodin and tramadol without good pain relief. The applicant was using Effexor. The applicant was placed off of work, on total temporary disability. A podiatry consultation, physical therapy, and custom insoles were endorsed while Butrans, Cymbalta, and Vicodin were prescribed. It was stated that the applicant should obtain a second opinion podiatry consultation. In a progress note dated January 14, 2014, the applicant's treating provider suggested that the applicant transfer care elsewhere as his clinic was reportedly in the process of closing. The applicant was using Vicodin, Butrans, Cymbalta, Effexor, and Tylenol. The applicant was again placed off of work, on total temporary disability. The applicant was having some issues with anxiety and sleep disturbance. In a progress note dated July 10, 2014, the applicant again reported ongoing complaints of low back, hip, and

bilateral foot pain, 8/10. The applicant was using Nucynta, Norco, Vicodin, and metformin. Medications were refilled. Lumbar support was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry Consultation: Overturned

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 Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. Persistent complaints of foot and ankle pain are noted from visit to visit. The applicant's former podiatrist has apparently closed his clinic. Obtaining the added expertise of another podiatrist is therefore indicated. Accordingly, the request is medically necessary.

Gym membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership at issue, thus, is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

TGHOT Topical: 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 Topical Analgesics topic Page(s): 111-113.

Decision rationale: One of the ingredients in the compound is gabapentin. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Nucynta, Cymbalta, Vicodin, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" TG hot compound at issue. Therefore, the request is not medically necessary.