

Case Number:	CM14-0212449		
Date Assigned:	01/02/2015	Date of Injury:	05/16/2014
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and foot pain reportedly associated with an industrial injury of May 16, 2014. In a Utilization Review Report dated December 11, 2014, the claims administrator denied a request for a pair of foot orthosis and also denied a request for Duexis. The articles in questions were prescribed on December 2, 2014, the claims administrator stated. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant reported persistent complaints of knee, back, and heel pain, exacerbated by standing, walking, kneeling, and squatting. The applicant was no longer working and had not worked in four months, it was noted. The applicant's review of systems was apparently negative in many categories, including in terms of abdominal pain, neurologic system, psychological issues, hematologic issues, and/or lymphatic issues. The applicant was given a diagnosis of plantar fasciitis. Orthotics and Duexis were endorsed. The applicant's work restrictions were unchanged, effectively resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of foot orthosis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-3, PAGE 370.

Decision rationale: Yes, the request for a pair of foot orthotics was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics, as are being sought here, are "recommended" in the treatment of plantar fasciitis, the diagnosis reportedly present here. The applicant was described as having foot and heel pain suggestive of plantar fasciitis on or around the date in question, December 2, 2014. Therefore, the request was medically necessary.

Duexis 800mg/26.6 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: The request for Duexis, an amalgam of ibuprofen and famotidine, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine are recommended in the treatment of NSAID-induced dyspepsia, as was/is present here, in this case, however, the December 2, 2014 progress note, referenced above, contained no references of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. No rationale for selection of Duexis over non-selective NSAIDs such as Motrin or Naprosyn was furnished. Since the famotidine component of the Duexis amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.