

Case Number:	CM14-0213441		
Date Assigned:	12/31/2014	Date of Injury:	02/16/2014
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old male patient who sustained a work related injury on 2/16/14. Patient sustained the injury when he stepped on a hole. The current diagnoses include ankle sprain. Per the doctor's note dated 12/4/14, patient has complaints of left foot pain. Physical examination of the left foot revealed tenderness on palpation, a positive Windlass test and pain with palpation of the plantar fascia and plantar arch; pain radiates to the medial proximal condyle of the left heel. The current medication lists include Neurontin, Glyburide, Ibuprofen, Viagra and Onglyza. The patient has had an x-ray examination of the left foot on 3/25/14 that revealed a non-displaced comminuted cuboid fracture, impingement at the fifth metatarsal and cuboid articulation, and possible impingement between the medial cuboid and the other adjacent tarsals; MRI of the left shoulder on 10/8/14 that revealed rotator cuff tear. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of custom, total contact, full length, accommodative foot orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia."Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Response to 'off the shelf' arch support/ prefabricated orthotics is not specified in the records provided. Significant functional deficits that would require custom orthotics were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for one pair of custom, total contact, full length, and accommodative foot orthotics is not fully established for this patient.

Extra depth and wide shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia."Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Response to 'off the shelf' arch support/ prefabricated orthotics is not specified in the records provided. Significant functional deficit that would require orthotics was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Extra depth and wide shoes is not fully established for this patient.

Flector patches: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/31/14) Flector® patch.

Decision rationale: Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any intolerance or contraindication to oral medications was not specified in the records provided. Per the records provided evidence of neuropathic pain was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. In addition, according to the ODG guidelines, Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The medical necessity of the request for Flector patches is not fully established in this patient.

Gabapentin (unspecified dosage/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007)Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study "Per the records provided, evidence of diabetic neuropathic pain or post herpetic neuralgia was not specified in the records provided. Response to NSAIDs was not specified in the records provided. Any objective evidence of neuropathic pain was not specified in the records provided. The medical necessity of Gabapentin (unspecified dosage/quantity) is not fully established for this patient at this time.