

Case Number:	CM14-0216222		
Date Assigned:	01/06/2015	Date of Injury:	10/21/2006
Decision Date:	03/04/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/24/2014

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 ankle pain reportedly associated with an industrial injury of October 21, 2006. In a Utilization Review Report dated December 17, 2014, the claims administrator denied a request for Ultracin lotion and bilateral ankle brace replacements. The claims administrator referenced a December 9, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported persistent complaints of ankle pain with associated swelling. The applicant presented to obtain custom ankle foot orthosis. The applicant was given diagnoses of sprain of the ankle and tenosynovitis. The applicant exhibited mild pain and swelling about the ankles with 5/5 muscle strength appreciated. In a separate note dated January 6, 2015, the applicant was placed off of work, on total temporary disability for four to six weeks. The applicant was given a wheelchair in anticipation of planned ankle surgery. Norco and Neurontin were refilled. The applicant is to follow up with her podiatrists. The applicant was apparently taking care of her handicapped son, it was suggested, while remaining off of work. Previously denied topical Ultracin lotion was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ultracin lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Ultracin Medication Guide.

Decision rationale: Ultracin, per the National Library of Medicine (NLM), is an amalgam of menthol, methyl salicylate, and capsaicin. Page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, however, notes that topical capsaicin is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, there was/is no evidence of intolerance to and/or failure of multiple classes of first line of oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Ultracin compound at issue. The applicant's ongoing usage of Neurontin and Norco, furthermore, seemingly obviated the need for usage of the capsaicin containing Ultracin lotion. Therefore, the request was not medically necessary.

One bilateral ankle brace replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, prolonged usage of ankle bracing without associated exercise is deemed "not recommended." Here, neither the applicant's primary treating provider nor the applicant's podiatrist establish a compelling case for provision of replacement orthotics at this late stage in the course of the claim, several years removed from the stated date of injury, October 21, 2006. Therefore, the request was not medically necessary.