

Case Number:	CM15-0122339		
Date Assigned:	07/06/2015	Date of Injury:	03/22/2013
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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: California, North Carolina
 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:

The injured worker is a 48 year old male with an industrial injury dated 03/22/2013. The injured worker's diagnoses include lumbalgia, pain ankle/foot, pain knee/leg, and pain hip/thigh. Treatment consisted of Magnetic Resonance Imaging (MRI) of the right hip/right knee, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported left foot pain. The injured worker rated current pain a 6/10, 9/10 at worst and 6/10 at best. Objective findings revealed tenderness to palpitation at lumbar, bilateral sacroiliac, sacral, buttock, bilateral posterior leg, right ankle and right anterior knee. The treating physician prescribed services for physical therapy to include laser for the heel 6 visits, Lidoderm patches, FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, menthol 2%, camphor 2%, capsaicin .0375%, hyaluronic acid .20%) 180g and one follow-up in 45 days now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to include laser for the heel 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy, physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: In this case, the patient's subjective complaint is left foot pain, however the only documentation was right ankle tenderness. Physical therapy (PT) guidelines do not recommend PT for the diagnosis of ankle pain. The provider is also requesting laser therapy to the heel, which is not recommended by guidelines. Therefore this request is not medically necessary.

Unknown Lidoderm patches: Upheld

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

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

Decision rationale: Ca MTUS does recommend topical lidocaine in the form of a patch for localized peripheral pain. However it should be utilized only after a first-line agent for pain (antidepressant or anticonvulsant) has been tried and failed. The FDA has approved lidoderm patches for only post-herpetic neuralgia. The prescription request states to "apply to affected are," however no specific part of the body is specified. There is no evidence that first-line agents have been tried and failed. Therefore this request is deemed not medically necessary or appropriate.

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, menthol 2%, camphor 2%, capsaicin .0375%, hyaluronic acid .20%) 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National Guidelines Clearinghouse.

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental with few randomized controlled trials to determine their safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded product contains Baclofen, which is specifically not recommended for topical use. Therefore the request is deemed not medically necessary or appropriate.

1 follow-up in 45 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Evaluation and management (office visits).

Decision rationale: MTUS/ACOEM guidelines do not specifically address follow-up visits per se, however the ODG supports office visits with a medical doctor with the need based on review of complaints and objective findings, assessment of clinical stability, medications, and modification of the treatment plan as needed. In this case, due to the continued complaints, objective findings and functional limitations, and the need to monitor the patient's progression through the treatment process, a follow-up visit at 45 days is reasonable and medically necessary.