

Case Number:	CM15-0123469		
Date Assigned:	07/07/2015	Date of Injury:	02/14/2013
Decision Date:	08/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 43 year old female, who sustained an industrial injury on 02/14/2013. The mechanism of injury was not made known. On 03/27/2015, the injured worker underwent left foot fasciotomy and surgical tenotomy. On 04/10/2015 post-operative physical therapy was recommended to decrease her pain and swelling and increase her range of motion and strength for the left foot 2 x 6 weeks. According to a progress report dated 05/28/2015, the injured worker reported that physical therapy was helpful. She had completed physical therapy but still had pain. Diagnoses included plantar fasciitis and acute tenosynovitis. The treatment plan included additional physical therapy 2 x 6 weeks and LidoPro cream to decrease pain without the need for taking narcotics. Physical therapy progress reports were not submitted for review. The number of sessions completed was not discussed. Currently under review is the request for physical therapy two times per week for six weeks to the left foot and Lido pro cream to left foot 402 tube times 2 apply to left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times per week for six weeks to left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter/Plantar Fasciitis.

Decision rationale: The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. Official Disability Guidelines/Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Guidelines recommend physical therapy for the treatment of plantar fasciitis to include 6 visits over 4 weeks. Post-surgical treatment recommendations include 10 visits over 5 weeks. Guidelines state that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction or a negative direction (prior to continuing with physical therapy). In this case, post-operative physical therapy was complete. The number of visits completed was not discussed. There was lack of objective evidence of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of functional improvement in the work status, activities of daily living and dependency on continued medical care. There was no discussion as to why the injured worker could not participate in self-directed home physical therapy. The requested number of treatments exceeds recommended guidelines. Medical necessity of the requested treatment was not established. The requested treatment is not medically necessary.

Lido pro cream to left foot 402 tube times 2 apply to left foot: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Lidopro contains lidocaine, capsaicin, menthol, and methyl salicylate. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or anti-pruritics. Capsaicin has some

indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. As this compound contains lidocaine in a form that is not recommended, the compound is not recommended. For this reason and lack of documentation of trial and failure of first line agents, the medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.