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| Case Number: | CM15-0178617 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 09/06/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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: Texas, New York, 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 50-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of September 6, 2013. In multiple Utilization Review reports dated August 26, 2015, the claims administrator failed to approve requests for Menthoderm, foot small joint injection, and a follow-up visit with 3 subsequent steroid injections to the right foot. The claims administrator referenced an August 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated August 17, 2015, difficult to follow, not entirely legible, the applicant reported complaints of foot pain about the first metatarsophalangeal joint and right lateral ankle. Guarded range of motion was appreciated about the injured foot and pain, with pain noted on ambulation. The applicant was asked to obtain multiple foot small joint injections and continue using a cane. The applicant's work and functional status were not detailed. A follow-up visit with 3 subsequent injections was seemingly proposed. On an earlier note dated June 22, 2015, the attending provider reiterated his request for a right foot injection. The note was very difficult to follow, not entirely legible, and did not state whether the injection in question had in fact been performed or not. The applicant was asked to follow up in 1 month. On July 20, 2015, the attending provider again noted that the applicant had 5/10 foot and ankle pain complaints. The applicant was on naproxen and Prilosec for pain relief, it was stated at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Menthoderm 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

Decision rationale: No, the request for topical Menthoderm, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Menthoderm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's progress note of August 17, 2015 was thinly and sparsely developed, difficult to follow, not entirely legible, and did not clearly establish whether or not the request for Menthoderm represented a first-time request for the same versus a renewal request. No seeming discussion of medication efficacy transpired. There was no mention of whether or not Menthoderm use had proven effective in attenuating the applicant's complaints. Therefore, the request was not medically necessary.

Right foot small joint injection quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for a right foot small joint injection-quantity: 3-was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, repeated or frequent injections, such as the series of 3 injections at issue here, are deemed "not recommended" in the evaluation and management of applicants with foot and/or ankle pain complaints, as were present here on or around the date of the request. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, thus, the request for 3 consecutive small joint injection(s) was at odds with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines as it did not contain a proviso to re-evaluate the applicant after each injection so as to ensure a frequent response to the same before moving forward with further injections. Therefore, the request was not medically necessary.

Follow up with possible 3 steroid injections to right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Finally, the request for a follow-up visit with 3 possible steroid injections to the right foot was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, repeated or frequent injections are deemed "not recommended" in the evaluation and management of applicants with ankle and foot complaints, as were/are present here. The request for 3 steroid injections, thus, was at odds with page 376 of the ACOEM Practice Guidelines and with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, thus, the request for 3 possible steroid injections without a proviso to re-evaluate the applicant after each injection so as to ensure a favorable response to the same before moving forward with further injections ran counter to the philosophy espoused on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.