

Case Number:	CM15-0067367		
Date Assigned:	04/14/2015	Date of Injury:	12/14/2009
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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, Indiana, New York
Certification(s)/Specialty: 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 32 year old male, who sustained an industrial injury on 12/14/09. He reported initial complaints of left foot. The injured worker was diagnosed as having chronic left foot pain; tarsometatarsal sprain. Treatment to date has included physical therapy; cortisone injections right foot; medications. Currently, the PR-2 notes dated 3/9/15 the injured worker complained of ongoing left foot pain. Over the counter medications provide temporary relief of symptoms. The pain is described as sharp in character and averages 6/10 on a pain scale. The provider's treatment plan includes: plain films of the left foot for clinical correlation, Voltaren gel 1% with 2 refills to apply to pain area and orthotics to decrease pressure from his metatarsals. These were denied at utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown plain films of left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Section, Radiographs.

Decision rationale: Pursuant to the official disability guidelines, unknown plain films left foot are not medically necessary. If a fracture is considered, patients should have radiographs. Radiographic evaluation may be appropriate if there is a rapid onset of swelling and bruising, the patient is older than 55, or in the case of obvious discoloration. Plain films are routinely obtained to exclude arthritis, infection, fracture or neoplasm. See the guidelines for clinical indications. In this case, the injured worker's working diagnoses are chronic pain NEC; pain in limb; and sprain tarso-metatarsal. There are no radiographs of the left foot in the medical record. The date of injury was September 14, 2009, approximately 5.5 years prior. It is unclear whether x-rays were performed and simply not documented in the medical record. The clinical rationale for the x-ray is "a clinical correlation." The medical record contains 23 pages with a single progress note dated March 9, 2015. X-rays are appropriate with abrupt onset swelling and bruising, age greater than 55 or the case of obvious discoloration. The work injury was 5.5 years old and the injured worker is 32 years old with no acute signs of swelling or bruising. There is no clinical indication in the medical record for an x-ray of the left foot. Consequently, absent clinical documentation with a clinical indication and rationale for an x-ray of the left foot in the absence of guideline criteria, unknown plain films left foot are not medically necessary.

Voltaren gel 1% with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel (Diclofenac gel) 1% one gel tube with 2 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are chronic pain NEC; pain in limb; and sprain tarso-metatarsal. The clinical rationale, in the documentation dated March 9, 2015, states apply the Voltaren gel to the painful area. There is no documentation of failed antidepressant anti-convulsant therapy for neuropathic pain. Moreover, there is no documentation of neuropathic pain in the medical record. Voltaren gel is FDA approved for relief of osteoarthritis pain in the joint that lends itself to topical treatment. There is no documentation of osteoarthritis pain in the medical record. Consequently, absent clinical documentation with osteoarthritis pain (FDA

indication), Voltaren gel (Diclofenac gel) 1% one gel tube with 2 refills is not medically necessary.

Unknown orthotics: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, unknown orthotics are not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, Plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are chronic pain NEC; pain in limb; and sprain tarso-metatarsal. The treating physicians indication orthotics are to decrease pressure overlying the metatarsals. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The injured worker does not have diagnoses of plantar fasciitis or rheumatoid arthritis. Consequently, absent clinical documentation with appropriate indications (plantar fasciitis and rheumatoid arthritis), unknown orthotics are not medically necessary.