

<b>Case Number:</b>	CM15-0074253		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

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 injured worker is a 61 year old female, who sustained an industrial injury on February 8, 2012, injuring her left foot after tripping and falling. She was diagnosed with a re-injury to the left foot hallux. She previously had surgical Bunionectomy in 2011. Treatment included physical therapy, ice packs, transcutaneous electrical stimulation unit and surgical removal of hardware in the left foot. Currently, the injured worker complained of persistent left foot pain postoperatively. The treatment plan that was requested for authorization included a referral to a neurological consultant, physical therapy to the left foot and a prescription for Aleveer Pain Patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Neurological Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Per available documentation, the patient has continued signs and symptoms of nerve injury postoperatively. The request for referral to neurological consult is considered to be medically necessary.

**Physical Therapy 2 x 4 weeks, Left Foot, quantity 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. Available records indicate that the patient has participated in post operative physical therapy approximately 32 visits. The exact number of visits since the injury 3 years ago is unclear. It would be expected that the injured worker has been prepared to have a sustainable home exercise program for continued rehabilitation. The request for Physical Therapy 2 x 4 weeks, Left Foot, quantity 8 is determined to not been medically necessary.

**Aleveer Pain patch, no refills, quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section Topical Analgesics section Page(s): 28, 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/aleveer-patch.html>.

**Decision rationale:** Per drugs.com, Aleveer patch contains capsaicin 0.0375% and menthol 5%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS

Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Since capsaicin 0.0375% is not recommended by the guidelines, the use of Aleveer patch is not recommended. The request for Aleveer Pain patch, no refills, quantity 30 is determined to not be medically necessary.