

<b>Case Number:</b>	CM15-0094627		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Physical Medicine & Rehabilitation

### 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 49-year-old female, who sustained an industrial injury on 9/17/2013. She reported developing pain in the right foot and ankle from prolonged standing. Diagnoses include recalcitrant chronic (functional) versus structural pain. Treatments to date include foot orthotics, physical therapy, anti-inflammatory and cortisone injections. Currently, she complained of burning, aching, sharp pain in the foot. Pain was rated 5-8/10 VAS. On 2/25/15, the physical examination documented a gait abnormality. There was tenderness at the posterolateral calcaneus through the lateral mid-foot column. There was limited range of motion noted. The plan of care included Lidoderm 5% patches and twelve sessions of acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued PT continued Acupuncture x 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Acupuncture Medical Treatment Guidelines Page(s): 98-99, 13.

**Decision rationale:** The patient presents with right foot and ankle pain. The physician is requesting CONTINUE PT CONTINUE ACUPUNCTURE X 12. The RFA was not included. The patient is off work. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The Acupuncture Medical Treatment Guidelines page 13 states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The only treatment report provided for review dated 02/5/2015 notes that the patient has tried new stable and supportive shoes, physical therapy, and acupuncture. She received 12 physical therapy sessions and most recently received 6 additional visits. Examination shows the patient with a protected gait. She is mostly tender at the posterolateral calcaneus. Range of motion is limited. The patient is tight through the gastrocnemius soleus and hamstrings combined. No physical therapy or acupuncture reports were provided. The patient has received 18 physical therapy sessions and 1 acupuncture visit. According to the MTUS Guidelines page 98 and 99, a total of 10 physical therapy visits are recommended for various conditions. In addition, Acupuncture treatment guidelines page 13 recommended an initial 3 to 6 visits. The current request for 12 PT and Acupuncture sessions would exceed guidelines. The request IS NOT medically necessary.

**Lidoderm 5% patches 1 box:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical Lidocaine topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Lidoderm.

**Decision rationale:** The patient presents with right foot and ankle pain. The physician is requesting LIDODERM 5% PATCHES 1 BOX. The RFA was not included. The patient is off work. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires Documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The only report provided dated 02/25/2015 notes that the physician has recommended Lidoderm patches 12 hours daily, single or double application at the maximum point of tenderness. Lidoderm patches are indicated for neuropathic pain that is localized and peripheral for which the patient does not present with. The criteria for use was not met and the request IS NOT medically necessary.

**Sub-lingual B12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Vitamin B.

**Decision rationale:** The patient presents with right foot and ankle pain. The physician is requesting SUBLINGUAL B12. The RFA was not included. The patient is off work. ODG under the Pain Chapter on Vitamin B states, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." The physician does not provide a rationale for the request. It is unclear why the patient needs B12. Prior history of B12 use was not documented. ODG does not recommend this medication for chronic pain. If intended for peripheral neuropathy, efficacy is not clear. The request IS NOT medically necessary.

**U/S with Dexamethasone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot Chapter, Injections (corticosteroid) Ankle and Foot Chapter, Therapeutic Ultrasound.

**Decision rationale:** The patient presents with right foot and ankle pain. Diagnoses include recalcitrant chronic (functional) versus structural pain. The physician is requesting U/S WITH DEXAMETHASONE. The RFA was not included. The patient is off work. ODG Guidelines under the Ankle and Foot Chapter on Injections (corticosteroid) states, "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain." There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. (Crawford, 2000) Steroid injections are a popular method of treating the condition but only seem to be useful in the short term and only to a small degree. For ultrasound, ODG Guidelines under the Ankle and Foot Chapter on Therapeutic Ultrasound states, "Not recommended. Therapeutic ultrasound is no more effective than placebo in the treatment of plantar heel pain. (Crawford, 1996) There is little information available from trials to support the use of many physical medicine modalities for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." The only report provided dated 02/25/2015 does not show a rationale for the request. Referenced from this same report, an MRI of the right hind-foot from 02/15/2015 showed mild thickening of the central cord of the plantar aponeurosis without sub-adjacent inflammatory changes suggestive of active plantar fasciitis. EMG from 02/12/2015 was normal. Treatments to date include foot orthotics, physical therapy, anti-inflammatory and cortisone injections. In this case, corticosteroids are currently "under study for heel pain." And the use of ultrasound guidance for injections are generally not recommended. The request IS NOT medically necessary.