

Case Number:	CM15-0099457		
Date Assigned:	06/02/2015	Date of Injury:	04/12/2011
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 63 year old male who sustained an industrial injury on April 12, 2011. He has reported injury to the left ankle and has been diagnosed with left ankle lateral instability with chronic ligament tear. Treatment has included surgery, medical imaging, bracing, medications, physical therapy, and injections. He still rolls the ankle and it is still painful. He wears a brace for instability. Examination of the left ankle showed positive anterior draw exam 30 mm of excursion with 4/5 peroneal muscle power, as well as 55 degrees ankle inversion. X-ray of the left ankle dated May 18, 2015 revealed stressed inversion view-the tibio talar angle 15 degrees, soft tissue, no swelling normal, joint space acceptable, bones normal density, no fractures, and angles rectus foot. The treatment request included Methoderm gel, terocin patches, stress inversion X-ray, and MRI of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 240ml #2 bottles: Overturned

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 analgesic Page(s): 111-113.

Decision rationale: This patient presents with chronic left ankle pain. The current request is for Methoderm gel 240ml #2 bottles. The Request for Authorization is not provided in the medical file. Treatment has included surgery (2014), medical imaging, bracing, medications, physical therapy, and injections. The patient is TTD. Methoderm gel contains Methyl salicylate and Menthol. Regarding Methyl, a NSAIDs, MTUS page 111 states, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. X-ray of the left ankle dated May 18, 2015 revealed "stressed inversion view-the tibio talar angle 15 degrees, soft tissue, no swelling normal, joint space acceptable, bones normal density, no fractures, and angles rectus foot." Examination of the left ankle on 05/18/15 revealed "positive anterior draw exam 30mm of excursion with 4/5 peroneal muscle power. As well as 55 degrees ankle inversion." The treater states that the patient is indicated for a stress inversion x-ray and an updated MRI to evaluate the integrity of the ATFL and CFL ligaments, as last MRI was from 2013. Review of the medical file indicates that the x-ray was done on 05/18/15 without prior authorization. In this case, given the treater's concern regarding instability of the joint, requested x-rays are medically necessary.

Terocin patches #30: 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 Lidoderm patches Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: This patient presents with chronic left ankle pain. The current request is for Terocin patches #30. The Request for Authorization is not provided in the medical file. Treatment has included surgery (2014), medical imaging, bracing, medications, physical therapy, and injections. The patient is TTD. Terocin patches are dermal patches that contain Capsaisin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%. 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 treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "lidocaine indicates: Neuropathic pain. Recommended for localized peripheral pain." In reading ODG Guidelines, 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, and outcome documented for function and pain. X-ray of the left ankle dated May 18, 2015 "revealed stressed inversion view-the tibio talar angle 15 degrees, soft tissue, no swelling normal, joint space acceptable, bones normal density, no fractures, and angles rectus foot." Examination of the left ankle on 05/18/15 revealed "positive anterior draw exam 30mm of excursion with 4/5 peroneal muscle power. As well as 55 degrees ankle inversion." The treater

recommended Terocin patches and Menthoderm as the patient cannot take NSAIDs and does not want to take narcotics. Terocin patches are listed as a current medication in reports 05/14/15, 05/18/14 and 06/11/15. In this case, the patient presents with localized peripheral pain, for which Terocin patches would be indicated. However, MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of specific discussion regarding medication efficacy, the request is not medically necessary.

Stress inversion x-ray of the left ankle: 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 & Foot Chapter, Radiography.

Decision rationale: This patient presents with chronic left ankle pain. The current request is for Stress inversion x-ray of the left ankle. The Request for Authorization is not provided in the medical file. Treatment has included surgery (2014), medical imaging, bracing, medications, physical therapy, and injections. The patient is TTD. ODG, Ankle & Foot Chapter, Radiography, Indications for imaging include: chronic foot pain suspected to have Reiter's disease with heel pain and swollen toes; burning pain and paresthesia along the plantar surface of the foot, suspected tarsal tunnel syndrome; pain and tenderness over head of second metatarsal, rule out Freiberg's disease; pain in the 3-4 web space with radiation to the toes, Morton's neuroma suspected. Examination of the left ankle on 05/18/15 revealed "positive anterior draw exam 30mm of excursion with 4/5 peroneal muscle power. As well as 55 degrees ankle inversion." The treater states that the patient is indicated for a stress inversion x-ray and an updated MRI to evaluate the integrity of the ATFL and CFL ligaments, as last MRI was from 2013. Review of the medical file indicates that the x-ray was done on 05/18/15 without prior authorization. In this case, the treater does not express suspicion of Reiter's disease, Freiberg's disease, or Morton's neuroma for which an X-ray would be appropriate. The request is not medically necessary.

MRI of the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: This patient presents with chronic left ankle pain. The current request is for MRI of the left ankle. The Request for Authorization is not provided in the medical file. Treatment has included surgery (2014), medical imaging, bracing, medications, physical therapy, and injections. The patient is TTD. Regarding MRI of the foot, ACOEM Guidelines state:

"For patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning." The ODG Guidelines under the foot and ankle chapter has the following regarding MRIs. "MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, then x-ray or computerized axial tomography and evaluation with traumatic or degenerative injuries." Examination of the left ankle on 05/18/15 revealed "positive anterior draw exam 30mm of excursion with 4/5 peroneal muscle power. As well as 55 degrees ankle inversion." The treater states that the patient is indicated for a stress inversion x-ray and an updated MRI to evaluate the integrity of the ATFL and CFL ligaments, as last MRI was from 2013. In this case, this patient's presentation is essentially unchanged over the course of the progress notes provided, without documentation of red flags or a significant change in the patient's symptoms. The request for repeat imaging cannot be substantiated at this time. The request is not medically necessary.