

<b>Case Number:</b>	CM14-0145472		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60 year old female who reported injuries to both feet. The clinical note dated 02/04/14 indicates the injured worker complaining of primarily right foot pain. The note indicates the injured worker stated the initial injury occurred on 11/01/13 when she struck the nose of a forklift and fell. The injured worker reported swelling and pain at toes number 2-4. X-rays of the foot were read as normal. The injured worker had been placed in a walking boot for the previous 2 months. The injured worker also described right knee pain. The injured worker was able to demonstrate full range of motion throughout the right foot. The clinical note dated 02/05/14 indicates the injured worker continuing with right lower extremity pain. The injured worker stated that she was having difficulty with stairs. The clinical note dated 07/28/14 indicates the injured worker continuing with pain at the right 2nd and 3rd toes. The note indicates the injured worker undergoing heat treatment as well as a massage. However, the injured worker reported little relief with these modalities. Swelling was identified at the 2nd and 3rd toes on the right foot. X-rays at this office visit revealed no fractures. There is an indication the injured worker was showing signs associated with complex regional pain syndrome in the right lower extremity. The utilization review dated 08/12/14 resulted in non-certifications for the use of ketoprofen, neurologic consult as well as x-rays of both feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Compound, prescribed 7/28/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory agents (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound is not medically necessary as it does not meet established and accepted medical guidelines.

**Neurology Consult for right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Comp 2010 (Acute & Chronic) Office visits and Institute for Clinical Systems Improvement- Private Nonprofit Organization. 2000 Oct (revised 2004 Mar). 66

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, page 503

**Decision rationale:** A consultation would be indicated for the injured worker regarding the injured worker meets specific criteria including the need for assistance with the injured worker's diagnosis and prognosis. There is an indication the injured worker had injured her right foot after a fall with an incident with a forklift. However, there does appear to be ongoing swelling at the 2nd and 3rd toes. No other information was submitted regarding the injured worker's neurologic involvement in the right lower extremity. Given this factor, it is unclear how the injured worker would benefit from a neurologic consult at this time. Therefore, this request is not medically necessary.

**X-ray of right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot Chapter, Ottawa ankle rules (OAR), Radiography and Pain Chapter, CRPS (Complex Regional Pain Syndrome), diagnosis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** X-rays of the feet are indicated for injured workers with ongoing potential for fractures. The clinical notes indicate the injured worker having undergone a series of x-rays which reveal no fractures in the foot or toes. Given these factors, the request is not indicated as medically necessary.