

<b>Case Number:</b>	CM14-0000003		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/19/1988
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/01/2014

### 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. 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, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 75-year-old female, who sustained an industrial injury on August 19, 1988. She reported left foot pain and scaring. The injured worker was diagnosed as having status post vein wrapping on November 2, 2000, with scarification and soft tissue edema and neuritic complaints, increased scarification in the area of the tarsal tunnel, improved with physical therapy and injection with possibly more involvement with the lateral plantar nerve particularly the calcaneal branch, plantar fasciitis improved with physical therapy and injections, Improving with physical therapy, deep soft tissue work and injections, complex regional pain syndrome, neuropathy and lumbar spine disease. Treatment to date has included diagnostic studies, surgical intervention, physical therapy, Brisement procedure performed on July 23, 2013, medications and work restrictions. Currently, the injured worker continues to report left foot pain and scaring. The injured worker reported an industrial injury in 1988, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 23, 2013, revealed no breaks in the skin, no cellulitis or lymphangitis and no gross evidence of DVT or infection. There was no gross swelling and more mobility noted in the skin. There was noted thickening of soft tissues over the sinus tarsi area with no gross instability noted. There was mild percussive tenderness over the medial naspect of the leg and hindfoot in the area of the vein wrapping. It was noted she had a plantigrade foot and no thinning of the skin. A Brisement procedure was performed, conservative therapies including ice were continued and it was noted she should refrain from exercising. Evaluation on September 19, 2013, revealed no new findings since the previous exam. She was noted to undergo the second of three Brisement treatments during the visit. The current treatment plan was continued. It was

noted she should still avoid exercise. Evaluation on November 19, 2013, revealed decreased scar tissue in the tarsal tunnel at this time. It was noted she may require neurolysis, removal of scar tissue, release of deep plantar fascia and possible placement of a pain pump. Physical exam remained unchanged from the previous visit. The RFA included requests for Neuroplasty, fasciotomy, scar revision, medications including: Keflex, Lunesta, Mobic, Zofran, equipment including: Mobi-leg crutches, a pain pump, a TENS unit and a roller aide scooter and postoperative physical therapy 3x per week for 8 weeks (qty: 24) to begin 6-8 weeks post operatively and was non-certified on the utilization review (UR) on December 4, 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neuroplasty, Fasciotomy, Scar Revision: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on surgery for tarsal tunnel syndrome. The ODG foot and ankle recommends release for symptoms of tarsal tunnel with positive electrodiagnostic studies after conservative measures such as splinting, NSAIDs and injection management have failed. In this case, there is no evidence of recurrent disease by EMG/NCS to warrant repeat surgical interventions. The request is not medically necessary.

**Post-Op Physical Therapy (24-sessions, 3 times a week for 8 weeks to begin 6-8 weeks postoperatively): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: TENS Unit: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Roller Aid Scooter:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Mobi-Leg Crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Keflex 500mg, #12:** 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 Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66(1):119-24.

**Decision rationale:** The CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

**Zofran 8mg, #20:** 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 (ODG) Pain Chapter, Ondansetron (Zofran).

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.

**Mobic 7.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The CA MTUS/Chronic Pain Medical Treatment Guidelines, page 61 states that Mobic is a non-steroidal anti-inflammatory indicated for relief of the signs and symptoms of osteoarthritis. In this case, the exam notes do not demonstrate any evidence of significant osteoarthritis or functional improvement to warrant use of Mobic. Therefore, the request is not medically necessary.

**Norco 7.5/325mg, #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 Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.

**Associated Surgical Service: Pain Pump:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lunesta 3mg, #10:** 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 (ODG) Mental Illness and Stress Chapter, Lunesta.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of Lunesta. According to the ODG, Mental Illness and Stress chapter, Lunesta is recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. In this case, there is lack of documentation from the exam notes of insomnia to support Lunesta. Therefore, the request is not medically necessary.