

Case Number:	CM13-0040608		
Date Assigned:	12/20/2013	Date of Injury:	11/07/2011
Decision Date:	05/06/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 25-year-old female who reported an injury on 11/7/2011, secondary to a fall. Current diagnoses include crush injury of the left foot, nerve trauma, and entrapment of the peroneal and tibial nerve, chronic neurogenic pain, probable neuroma, and severe neuritic pain including sinus tarsi nerve. The injured worker was evaluated on 08/05/2013. The injured worker reported constant pain in the left ankle. Physical examination revealed significant pain in the sinus tarsi area with positive neuritic pain to the deep peroneal nerve. Treatment recommendations included prescriptions for Mentax, Procura, and pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL NEUROGEL CREAM (10 PERCENT KETAMINE, FLEXERIL, GABAPENTIN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin and cyclobenzaprine are not recommended as there is no evidence for the use of any anti-epilepsy drug or muscle relaxant as a topical product. Additionally, there is no quantity listed in the current request. Therefore, the request is non-certified.

MENTAX 1-2 TABLETS BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: This is a nonspecific request that does not include the strength or quantity. Therefore, the request is not medically appropriate. As such, the request is non-certified.

PROCURA 1-2 TABLETS BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: This is a nonspecific request that does not include the strength or quantity. Therefore, the request is not medically appropriate. As such, the request is non-certified.