

Case Number:	CM13-0051067		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2013
Decision Date:	03/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, 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 physician 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 patient is a 38-year-old female who was injured on 4/9/2013 while performing her usual and customary duties. The patient works as a correction officer of juvenile prison. While at the trash compactor the patient lifted a bag of trash and turned to dump it into the trash compactor causing the patient to roll her right ankle and fall on it. She immediately developed severe pain and swelling in the right ankle. The patient was treated conservatively with pain medication and steroid injection with no significant improvement. The patient was diagnosed with tear of the peroneal brevis tendon at the fibular groove. The patient was scheduled to have surgery on October 11, 2013 for repair of the peroneal brevis tendon of the right ankle. Post operatively it was noted that the patient demonstrated no significant pain but was still taking her pain medications as indicated and has also improved as expected. The patient presented demonstrating expected pain with weight bearing inversion but was improving as expected and unremarkably. Currently the patient is temporarily totally disabled. At issue for lack of medical necessity is the request for Pharmacy purchase of compound medication: Gabapentin powder, Prilocaine powder, Fluticasone powder, Levocetirizine powder, Propylene Liquid, Pracasil cream plus number two hundred forty (240)

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) (Updated 3/7/2014), Topical Analgesics, compounded

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: This is a request for a purchase from pharmacy, a compound medicine: Gabapentin powder, Prilocaine powder, Fluticasone powder, Levocetirizine powder, Propylene Glycol, Praxiniltm cream plus number two hundred forty (240) which is not supported by the guidelines. The guidelines indicate that the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical use, since there is no peer-reviewed literature to support use. Also the guideline does not support topical prilocaine.