

Case Number:	CM13-0052480		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2011
Decision Date:	05/22/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation 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:

According to the records made available for review, this is a 25-year-old female with an 11/7/11 date of injury. At the time (8/5/13) of request for authorization for topical Neurogel cream and Procura, 1-2 tablets twice a day, there is documentation of subjective (constant pain in the left ankle and foot radiating from the top of the toes and dorsum of the foot to the knee) and objective (tenderness to palpation over the sinus tarsi area and positive neuritic pain to the deep peroneal nerve) findings, current diagnoses (crush injury of the left foot, nerve trauma, entrapment of the peroneal and tibial nerve secondary to neuro edema, chronic neurogenic pain, probable neuroma of the deep peroneal nerve, and severe neuritic pain including sinus tarsi nerve), and treatment to date (medication including Flector patches and opioids, activity modification, and physical therapy). Regarding the requested Procura, 1-2 tablets twice a day, there is no documentation of the efficacy of the requested medication for the particular condition, its side effects, and any other relevant information.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL NEUROGEL CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Medical Treatment Guideline identifies that Neurogel is a compounded topical medication containing Ketoprofen 10%, Lidocaine 10%, and Carbamazepine 2%. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as Monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of crush injury of the left foot, nerve trauma, and entrapment of the peroneal and tibial nerve secondary to neuro edema, chronic neurogenic pain, probable neuroma of the deep peroneal nerve, and severe neuritic pain including sinus tarsi nerve. However, the requested Neurogel cream contains at least one drug (Ketoprofen and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical Neurogel cream is not medically necessary and appropriate.

PROCURA, 1-2 TABLETS TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: MTUS reference to ACOEM identifies that oral pharmaceuticals are a first-line palliative method and the physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. A search of the National Guideline Clearinghouse did not provide any guidelines addressing the requested Procura. An online search did not provide any articles/studies addressing the requested Procura. Within the medical information available for review, there is documentation of diagnoses of crush injury of the left foot, nerve trauma, and entrapment of the peroneal and tibial nerve secondary to neuro edema, chronic neurogenic pain, probable neuroma of the deep peroneal nerve, and severe neuritic pain including sinus tarsi nerve. However, given no documentation of a rationale identifying the medical necessity of the requested Procura, there is no documentation of the efficacy of the requested medication for the particular condition, its side effects, and any other relevant information. Therefore, based on guidelines and a review of the evidence, the request for Procura, 1-2 tablets twice a day is not medically necessary and appropriate.