

Case Number:	CM13-0055745		
Date Assigned:	01/03/2014	Date of Injury:	01/14/2011
Decision Date:	05/06/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 patient is a 67-year-old female with date of injury on 1/14/2011 with no reported mechanism of injury. She is reported to have foot pain and was diagnosed with osteoarthritis of the 'Lisfranc' joints (tarso-metatarsal joints) and mononeuritis of the dorsal cutaneous nerve secondary to compression from a dorsal exostosis. Reports of injections have helped in the past. There are no reports in the treating provider's notes about current medications but in an operative report for a total knee replacement, the patient is taking medications for diabetes and depression. The current request is for 'topical pain cream.'

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL PAIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS guidelines state that topical analgesics can be used for indications depending on the type of agent selected. Non-steroidal anti-inflammatory drugs (NSAIDs) are studied mostly in knee osteoarthritis and topical neuropathic or anesthetic agents

for neuropathic pain. Furthermore, topical analgesics should be tried only if standard therapies have failed and documented outcomes are reported. A trial of one medication at a time with documentation is recommended per MTUS. The current request does not specify what medication is to be used. Moreover, no documentation of any outcomes of prior treatment or trials is given. Based on the evidence given, the 'topical analgesic' is not medically necessary.