

Case Number:	CM13-0064223		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2013
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology and Pain and is licensed to practice in Florida. 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 39-year-old male who reported an injury on 02/21/2013 where he was struck by a pallet jack. The injured worker reportedly sustained an injury to his right foot. The injured worker's treatment history included activity modification, assisted ambulation, physical therapy, medications, and injection therapy. The injured worker was evaluated on 11/07/2013. It was noted that the injured worker reported 30% improvement with utilization of medications to include gabapentin and Naprosyn. Physical findings included decreased swelling, with tenderness to palpation over the Achilles tendon and medial side of the ankle joint, the tibial talus bone area. The injured worker's diagnoses included right foot pain with no fracture, rule out chronic regional pain syndrome, rule out talotibial irritation and pre-Achilles bursa inflammation or irritation. The injured worker's treatment plan included an additional lidocaine injection and continued medication usage to include a compounded analgesic cream containing gabapentin, tramadol, capsaicin, camphor, and menthol for symptomatic relief of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF COMPOUND TOPICAL MEDICATION (GABAPENTIN, TRAMADOL, CAPSAICIN, CAMPHOR & MENTHOL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN AND TOPICAL ANALGESICS Page(s): 49; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

Decision rationale: The requested prescription of compound topical medication gabapentin, tramadol, capsaicin, camphor, and menthol are not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of opioids as topical analgesics. However, peer-reviewed literature does indicate that opioids as topical analgesics are not supported by scientific evidence. Additionally, California Medical Treatment Utilization Schedule does not support the use of gabapentin due to a lack of scientific evidence to support efficacy and safety. California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical analgesic unless all first-line chronic pain management treatments have been exhausted. The clinical documentation submitted for review does indicate that the injured worker is having a positive response to oral anticonvulsants. Therefore, the need for capsaicin as a topical analgesic is not supported. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Additionally, the request as it is submitted does not provide a specific body part in which the medication should be applied and the request as it is submitted does not provide a frequency and duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested prescription of compound topical medication (gabapentin, tramadol, capsaicin, camphor, and menthol) is not medically necessary or appropriate.