

Case Number:	CM14-0007298		
Date Assigned:	01/24/2014	Date of Injury:	09/11/2012
Decision Date:	06/19/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Medicine, 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 33-year-old male who has submitted a claim for right foot pain, sural neuritis (right, possible), non-union of 5th metatarsal fracture, and pes planovalgus, acquired; associated with an industrial injury date of 09/11/2012. Medical records from 09/11/2012 to 01/14/2014 showed that patient complained of worsening right foot pain, graded 5/10, characterized as aching and stiffness with occasional burning and stinging sensation. Physical examination showed moderate valgus hindfoot deformity. There was moderate localized tenderness over the 5th metatarsal and neck laterally. Subtalar joint range of motion and midfoot rotation was slightly diminished. X-ray of the right foot dated 10/23/2013 showed a partially healed fracture in the 5th metatarsal head/neck. Treatment to date has included chiropractic therapy, physical therapy, interferential muscle stimulation, ice therapy, exercise, active modification, custom orthotics, Colcrys, metformin, ibuprofen, indomethacin, Nucynta, gabapentin, Lidoderm patches, epidural steroid injection, TriCor, L-thyroxine, naproxen, Lipitor, clomiphene, Lunesta, nifedipine, and Synthroid. Utilization review from 01/10/2014 denied the request for topical anti-inflammatory compound cream due to negative recommendations against its long-term use due to lack of studies on their effectiveness or safety; lack of documentation of failed trials with other anti-inflammatory agents; and the absence of specific medication name, dosage, and quantity requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF UNSPECIFIED TOPICAL ANTI INFLAMMATORY COMPOUND CREAM: Upheld

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

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

Decision rationale: Many agents (including NSAIDs) are compounded as monotherapy or in combination for pain control. As stated on page 111 of CA MTUS Chronic Pain Treatment Guidelines, compound topical analgesic creams are not recommended as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy. There is little to no research to support the use of many of these agents. In this case, the patient has been on topical anti-inflammatory cream since January 2014. However, there is no evidence of treatment failure using first-line or oral medication, hence, it is unclear why a topical formulation is needed. Finally, the present request has failed to include the specific medication name, dosage, and quantity. therefore, the request for pharmacy purchase of unspecified topical anti inflammatory compound cream is not medically necessary.