MAXIMUS Federal Services

Case Number:	CM14-0106944		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2011
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

The injured worker is a 35-year-old male who reported an injury on 09/12/2011 when he was reportedly struck by a forklift. Current diagnoses include right foot pain status post great toe amputation on 05/14/2013, and left lumbosacral area pain. The injured worker was evaluated on 05/22/2014 with complaints of right foot pain. Physical examination revealed a left foot surgical scar, tenderness to palpation with rigidity and decreased range of motion. It is noted that previous conservative treatment has included physical therapy, cortisone injections, and medication management. Treatment recommendations at that time included authorization for a refill of Tramadol 50 mg and a compounded analgesic cream containing Lidocaine, Gabapentin and Tramadol. A Request for Authorization was then submitted on 05/31/2014 for Tramadol 50 mg and a compounded analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Analgesic Cream containing Lidocaine, Gabapentin and Tramadol (Quantity and Strength not indicated): Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.