

Case Number:	CM14-0110035		
Date Assigned:	08/01/2014	Date of Injury:	09/01/2013
Decision Date:	09/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 Podiatric Surgery and is licensed to practice in New York. 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 enclosed information the original date of injury for the patient was 9-1-2013. On 2-11-2014 the patient presented for evaluation of right foot pain. Patient c/o tingling to left ankle, plantar arch, and lesser toes. Patient is currently wearing orthotics from a different podiatrist. Physical exam reveals a painful indurated mass to the medial slip of the plantar fascia. Pain upon percussion to the deep peroneal nerve and posterior tibial nerve through the tarsal tunnel. Diagnoses include plantar fibroma, tear of left plantar fascia medial band, plantar fasciitis, peripheral nerve impairment to peroneal nerve and posterior tibial nerve. Amongst other treatments, patient was prescribed a compounded gel consisting of flubiprofen 15% Balcofen 4% Verapamil 7% Tetracaine 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 15% Balcofen 4% Verapamil 7% Tetracaine 2% compound gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 112-113.

Decision rationale: After careful review of the enclosed information and the pertinent chronic pain and MTUS guidelines for this case, it is my feeling that the decision for Flubiprofen 15% Balcofen 4% Verapamil 7% Tetracaine 2% compound gel is not medically reasonable or necessary at this time. MTUS and chronic pain guidelines state that there is little to no research to support the use of many of these (topical) agents. Any compounded product that contains at least one drug (or drug class) that is not recommended. Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen.