

Case Number:	CM14-0115996		
Date Assigned:	08/04/2014	Date of Injury:	10/27/2009
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 61-year-old male patient with a 10/27/2009 date of injury. The mechanism of injury was a slip and fall from a rooftop. The patient had a prior history of diabetes and dyslipidemia. On an exam dated 6/16/2014, the patient complained of right lower extremity pain and burning. The patient rated the pain as 1/10 on a VAS scale and stated it lasted 5 minutes. The pain was described as throbbing and burning. The pain was aggravated by sitting, moving, standing, bending, and walking. On clinical exam, tenderness was noted over the distal tibia. The skin was intact and there was dysesthesia on the lower right leg. The patient was not interested in surgical intervention. The diagnostic impression was listed as right distal leg dysesthesia. Treatment to date has included physical therapy and medication management. A utilization review (UR) report dated 6/27/2014 denied the request for Derma Tran compound cream. The rationale for denial was that California MTUS guidelines do not recommend the use of topical analgesics without a failed trial of oral anti-depressants and anti-epileptics. Also, there was no documentation of the ingredients included in Derma Tran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Derma Tran Compound Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, muscle relaxants, and Gabapentin and other anti-epileptic drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical analgesics are largely experimental, without adequate, randomized controlled studies to determine efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain after a trial of oral antidepressants and anticonvulsants have failed. However, there is no documentation of any such trials/failures. Furthermore, the ingredients of Derma Tran compound were not specified in the request and, after an exhaustive internet search, were still unavailable. Therefore, the request for Derma Tran Compound Cream is not medically necessary.