

Case Number:	CM14-0124280		
Date Assigned:	09/25/2014	Date of Injury:	06/21/2011
Decision Date:	12/02/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 6/21/2011. No mechanism of injury was provided for review. Patient has a diagnosis of foot neuritis and metatarsalgia Patient is post endoscopic plantar fascial release on 10/19/12. Medical reports reviewed. Last report available until 6/23/14. Patient complains of pain to ball of R foot. Compounded cream is "helping." Objective exam reveals normal sensation. Normal pulses. Normal skin temperature. Medications include Naproxen, Levitra, and Prilosec. Currently using orthotics/boot. Independent Medical Review is for CMPD-Ketamine/Bupivacaine/Diclofenac/Doxepin H/Gabapentin #180 with 2 refills.Prior UR on 7/9/14 recommended as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Ketamine / Bupivacaine / Diclofenac /Doxepin H/ Gabapentin day supply: 30 Qty: 180 Refills: 2: Upheld

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

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

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Ketamine: Currently under study. Only recommended in advent of failure of 1st and 2nd line treatment. No documentation of any such failure. Not recommended. 2) Bupivacaine: Only topical Lidocaine is approved for neuropathic pain. Bupivacaine is only approved for injection for local or regional anesthesia. Use of a non-FDA approved product for unknown purpose is not recommended. 3) Diclofenac: Recommended for short-term use. May be beneficial. Pt. has been using this chronically with no objective documentation of improvement except for "helping." Patient is also reportedly on an oral NSAID already. Not recommended. 4) Doxepin H: This tricyclic antidepressant. There is no evidence to support the use such a medication topically. It is not FDA-approved for topical application. There is significant risk of systemic absorption and improper monitoring. Not recommended. 5) Gabapentin: is an anti-epileptic. As per MTUS guidelines, it is not recommended with any evidence to support its use as a topical product. It is not recommended. The use of multiple non-recommended, non-evidence based, non-FDA approved medications with significant potentially side effects is not medically appropriate. There is unknown risk of systemic absorption of these substances since they have not been studied. There is no documentation as why there has been no appropriate attempt at using oral equivalent of many of these medications, which are recommended as 1st line treatment for neuropathic pain. Compounded cream is not medically necessary.