

Case Number:	CM14-0136190		
Date Assigned:	09/03/2014	Date of Injury:	06/25/2002
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 69 year-old male was reportedly injured on 6/5/2002. The mechanism of injury is noted as several cases of wine landed on his left foot. The most recent progress note dated 7/11/2014, indicates that there are ongoing complaints of left foot pain. Physical examination demonstrated tenderness to left foot; partial amputation of the left 1st and 2nd digit. No recent diagnostic imaging studies available for review. Diagnosis: crush injury, neuritis left foot and reflex sympathetic dystrophy of lower limb. Previous treatment includes medications. A request had been made for 1 topical compound cream: Bupivacaine/ DMSO/ Doxepin/ Gabapentin/ Nifedipine/ Pentoxifyline/Topiramate 120GM, 3 refills, which was not certified in the utilization review on 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 topical compound cream:

Bupivacaine/DMSO/Doxepin/Gabapentin/Nifedipine/Pentoxifyline/Topiramate 120GM, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding to.

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

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Therefore, this request is not considered medically necessary.