

Case Number:	CM14-0152612		
Date Assigned:	09/22/2014	Date of Injury:	08/06/2012
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational 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 is a 50-year-old female who has submitted a claim for gastroesophageal reflux disease, ankle sprain, back disorder, ankle fibromatoses and fasciitis associated with an industrial injury date of 8/6/2012. Medical records from 2014 were reviewed. Patient complained of bilateral ankle pain resulting to difficulty in ambulation. Physical examination showed a well-healed incision at the lateral aspect of both ankles. Sensation and reflexes were intact. There was no evidence of reflex sympathetic dystrophy syndrome. Muscle strength of ankle dorsiflexors and plantar flexors were graded 5+/5. Range of motion was limited. Treatment to date has included excision and drainage of the right ankle, plantar fasciectomy bilaterally, physical therapy, orthotics, and medications such as Prilosec, Norco, and topical cream. Utilization review from 8/27/2014 denied the request for Compound drug Gabapentin/Prilocaine/Fluticasone/Levocetizil/Powder/Ethoxy Liquid/Pracasil Cream #240 because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound drug Gabapentin/Prilocaine/Fluticasone/Levocetizil/Powder/Ethoxy Liquid/Pracasil Cream #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Fluticasone); US Food and Drug Administration, Levocetirizine

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Topical formulations of prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. US Food and Drug Administration states that fluticasone cream is a topical corticosteroid. It works by reducing skin inflammation (redness, swelling, itching, and irritation). Levocetirizine is an antihistamine which helps prevent scar formation. The guidelines do not address ethoxy liquid and Pracasil cream. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains substances that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class which is not recommended is not recommended. Moreover, there is no clear indication for prescribing a drug for scar treatment; physical examination showed a well-healed incision at the lateral aspect of both ankles. Therefore, the request for Compound drug Gabapentin/Prilocaine/Fluticasone/Levocetizil/Powder/Ethoxy Liquid/Pracasil Cream #240 is not medically necessary.