MAXIMUS Federal Services

Case Number:	CM14-0153269		
Date Assigned:	09/23/2014	Date of Injury:	07/01/2014
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The patient is a 59-year-old female who has submitted a claim for Fracture of lateral malleolus, closed associated with an industrial injury date of July 1, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of ankle pain. Examination revealed that the patient had 2+ edema over the lateral aspect of her ankle and dorsal lateral aspect of her right foot. There was localized tenderness over the tip of the fibula as well as over the anterior talofibular ligament. The foot was maintained in equinus in the cast and now the patient ahs difficulty getting her foot/ankle into a neutral position. Movement of her ankle was painful but there was no evidence of any instability. Treatment to date has included oral analgesics, transdermal creams and physiotherapy. Utilization review from August 21, 2014 denied the request for GKL/CAP transdermal medication cream. The reason for denial was not provided in the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

GKL/CAP transdermal medication cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. In this case, the patient was prescribed GKL/CAP transdermal medication cream. The components of this cream were not mentioned. A careful search over the guidelines available as well as over the Internet yielded no clue as with regards the composition of the medication being prescribed. Because of the inadequate information, the medical necessity for this request cannot be established. The request was also incomplete because it did not mention the quantity being requested. Therefore, the request for GKL/CAP transdermal medication cream is not medically necessary.