

Case Number:	CM14-0175224		
Date Assigned:	10/28/2014	Date of Injury:	08/30/2004
Decision Date:	12/04/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Interventional Spine 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 43 year old male with an injury date on 08/30/2004. Based on the 09/09/2014 progress report provided by [REDACTED], the diagnoses are: 1. Plantar keratoma 2. Fibrotic scar, plantar right foot 3. Plantar fasciitis bilateral 4. Compression arthralgia of the ankle/foot 5. Sprained metatarsophalangeal joint According to this report, the patient complains of "pain in the balls and the heels of both feet in the morning when he first gets out of bed and he states its getting worse with increased activity." The scar on the bottom of the right foot is very sore." Physical exam reveals decreased dorsiflexion bilaterally. Tenderness is noted over the calcaneal tuberosity, heel, and plantar aspect, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 09/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/24/2014 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Verapamil/Flurbiprofen/Baclofen for scar reduction and pain relief:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, chronic pain section Page(s): 111-113.

Decision rationale: According to the 0909/2014 report by [REDACTED] this patient presents with "pain in the balls and the heels of both feet in the morning when he first gets out of bed and he states its getting worse with increased activity." The treating physician is requesting compound cream Verapamil/Flurbiprofen/Baclofen for scar reduction and pain relief. Regarding Baclofen, MTUS states "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." MTUS further states that if one of the compounded product is not recommended then the entire compound is not recommended. Recommendation is for not medically necessary.