

Case Number:	CM14-0182906		
Date Assigned:	11/07/2014	Date of Injury:	03/03/2011
Decision Date:	12/23/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of March 3, 2011. In a Utilization Review Report dated October 27, 2014, the claims administrator denied a request for several topical compounded drugs while approving an orthopedic re-evaluation. The applicant's attorney subsequently appealed. In an October 3, 2014 progress note, the applicant reported ongoing complaints of foot and ankle pain, 7-9/10. It was stated that the applicant was using unspecified oral medications in addition to the topical compounds at issue. The applicant was not working, it was further noted. The applicant was limping severely, it was further noted. A lidocaine-gabapentin-ketoprofen compound was endorsed, along with a diclofenac-indomethacin-lidocaine compound. The applicant was again placed off of work, on total temporary disability. In an early note dated September 5, 2014, the applicant again reported ongoing complaints of 9/10 ankle, leg, and foot pain. The applicant was using a cane to move about. The applicant was limping quite noticeably. Topical compounded medications were endorsed, along with oral diclofenac and oral tramadol, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6 Percent Gabapentin 10 Percent Ketoprofen 10 Percent Cream: 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 Topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the ingredients in the compound, is not recommended for topical compound formulation purposes. Similarly, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that ketoprofen is likewise not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Diclofenac 6 Percent Indomethacin 6 Percent Lidocaine 5 Percent Gout Formula Cream:
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 Topic Page(s): 111.

Decision rationale: analgesics and topical compounds, as a class, are deemed "largely experimental." In this case, the applicant had already received and used the diclofenac-indomethacin-lidocaine compound at issue for a span of several months, despite the unfavorable MTUS position on the same. The applicant had, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the diclofenac-indomethacin-lidocaine compound at issue. The applicant remained off of work, on total temporary disability, despite ongoing usage of the same. Ongoing usage of the largely experimentally diclofenac containing compound failed to diminish the applicant's dependence on opioid agents such as tramadol. The applicant was still limping noticeably despite ongoing usage of the compound at issue. Ongoing usage of the compound at issue failed to curtail the applicant's dependence on a cane. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite usage of the compound at issue. Therefore, the request is not medically necessary.