

Case Number:	CM14-0023722		
Date Assigned:	06/13/2014	Date of Injury:	09/12/2011
Decision Date:	08/12/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and is licensed to practice in California & Washington. 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 injured worker is a 34-year-old male who reported an injury on 09/12/2011. He reportedly sustained a foot injury by being runover by a forklift to the right foot. On 06/02/2014 the injured worker presented with upper back, lower back, ankle, foot and toe pain. Medications include; Ultram, Norco, omeprazole, diphenoxylate, atorvastatin, citalopram and Seroquel. Upon examination of the thoracic spine there was tenderness to palpation over the paraspinal bilaterally. There was a positive straight leg raise bilaterally and nonspecific tenderness at the right ankle and foot. Diagnoses were amputation of the big toe, synovitis and tenosynovitis, second and third metatarsal, disorder of bone and cartilage, unspecified, pain in the joint involving ankle and foot, traumatic arthropathy involving ankle and foot, crushing injury in foot, pain in the thoracic spine, lumbago and chronic pain syndrome. The provider recommended a compound analgesic cream. The provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND ANALGESIC CREAM CONTAINING TRAMADOL, GABAPENTIN, CAMPHOR, MENTHOL AND CAPSAICIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical Analgesics Page(s): 91, 111.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia primarily recommended for neuropathic pain with trials of antidepressants and anti-convulsants have failed. Any component that contains at least one drug or drug class that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note that gabapentin is not recommended for topical application. The guidelines note that capsaicin is only recommended for injured workers who are intolerant to or have not responded to other treatments. Documentation does not indicate that the injured worker is intolerant to or unresponsive to other treatments. The provider's request does not indicate the site at which the cream is intended for, the frequency, dose, or quantity of the cream being requested. Therefore, the request for compound analgesic cream containing tramadol, gabapentin, camphor, menthol and capsaicin is not medically necessary and appropriate.