

Case Number:	CM14-0024003		
Date Assigned:	06/13/2014	Date of Injury:	03/10/2012
Decision Date:	08/08/2014	UR Denial Date:	01/31/2014
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 Anesthesiology, has a subspecialty in Pain 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:

A 41 year old female injured worker with date of injury 3/10/12 with related ankle and right leg pain. Per progress report dated 6/9/14, she described her pain as intermittent, and rated it as 10/10 at its worst, 6/10 on average. Per physical exam, abnormal gait pattern was noted. There was swelling over the medial and lateral compartments. There was no tenderness over either the medial or lateral compartments of the ankle or over the medial or lateral malleoli. Range of motion of the ankle was full and painless. She was able to heel walk and toe walk without difficulty. There was decreased sensation noted in the right knee, right ankle, and toes in the right foot. MRI of the right ankle dated 5/22/12 revealed ankle joint effusion; no tear of the ligament or tendons; peroneal tubercle; minimal residual bone marrow edema of the medial malleolus. She has been treated with physical therapy, spinal cord stimulator, and medication management. The date of UR decision was 1/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUNDED MEDICATION FOR GENERAL NEUROPATHIES: Upheld

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

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

Decision rationale: MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. According to the documentation submitted for review, the compound cream includes Bupivacaine, Clonidine, Doxepin, Gabapentin, and Pentoxifyline. With regard to topical Gabapentin, MTUS Guidelines state that it is not recommended. There is no peer-reviewed literature to support use. As such, the request is not medically necessary.