

Case Number:	CM14-0034240		
Date Assigned:	06/20/2014	Date of Injury:	04/08/2010
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pain Management 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 37 year old female who was injured on 04/08/2010. The mechanism of injury is unknown. Prior medication history included Motrin, Vicodin, and Medrol. The patient was treated conservatively with 6 sessions of physical therapy, ice and massage. The patient underwent a plantar fascia release on the right and left foot on 06/15/2011. Progress report dated 02/10/2014 indicates the patient complained of pain in both of her heels. She was wearing shoes and ambulating with a crutch. She is able to weight bear on her heel when she walks on carpet. On exam, muscle strength is 4/5 anterior tibial muscle bilaterally. Heel pain on the left foot shows pain at the insertion of plantar fascia into the medial calcaneus and pain with compression of calcaneus, right greater than left. There is mild pain at the plantar calcaneus bilaterally. Assessment is plantar fasciitis, pain on ambulation, and radiculopathy. The plan is to get authorization for nerve conduction and EMG. Prior utilization review dated 02/20/2014 states the request for Diclofenac 10%, baclofen 3%, Nifedipine 2%, Bupivacaine 2%, Doxepin 10% 320mg (Topical Compound) #2 is not authorized as this medication is recommended for short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 10%, baclofen 3%, Nifedipine 2%, Bupivacaine 2%, Doxepin 10% 320mg (Topical Compound) #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Criteria for Compound Drugs, Topical Analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics.

Decision rationale: The MTUS guidelines for chronic pain and ODG for pain lists Baclofen as not recommended for topical use. These guidelines also explain that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Based on the MTUS guidelines and ODG, as well as the lack clinical justification provided above, the request is not medically necessary.