MAXIMUS Federal Services

Case Number:	CM14-0044337		
Date Assigned:	07/02/2014	Date of Injury:	09/14/2011
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 injured worker is a male who reported injury on 09/14/2012. The documentation of 03/24/2014 revealed the injured worker had a history of a degloving injury to the right heel and ankle. The injured worker had a surgical intervention for the heel and the ankle. The injured worker was noted to have painful superficial keratosis on the plantar aspect of the right 5th sub metatarsal and the right heel with no signs of infection. There was no change in the density of the scar on the medial and lateral aspects of the Achilles tendon. The office note was of poor fax quality and was difficult to read. However, it was indicated the injured worker was asking for additional refills on the topical cream and the injured worker was utilizing the cream. Additionally, it was indicated the injured worker was utilizing custom made ankle functional orthotics bilaterally and an elastic stocking on the right lower extremity. The injured worker had complaints of painful lesions on the plantar aspect of the right forefoot and right heel. The diagnoses included neuritis right lateral sural nerve and lateral dorsal cutaneous nerve, posterior tibial tendinitis, tarsal tunnel syndrome right lower extremity and painful keratosis of the 5th submetatarsal. The treatment plan included BCFG cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCFG Cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, Official

Disability Guidelines, ODG, Treatment in Workers' Compensation, 8th edition, 2013:Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controls to determine efficacy and safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The clinical documentation submitted for review failed to indicate the components, as well as the percentages of the components in the BCFG cream. The request as submitted failed to indicate the frequency for the medication. The duration of use could not be established through supplied documentation. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and antiepileptic medications. Given the above, the request for BCFG cream 120 g is not medically necessary.