

Case Number:	CM14-0063468		
Date Assigned:	07/11/2014	Date of Injury:	07/16/2012
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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. 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 51-year-old male who reported an injury on 07/16/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 05/13/2014 indicated diagnoses of right ankle fracture with residual talar spurring and scarring, ankle pain moderate secondary to trauma, post polio right foot cavus deformity, right foot status post open reduction and internal fixation for mid foot fracture with hardware removed, limp secondary to combination of polio deformity on the right plus painful right foot nonunion versus arthritis, anxiety and depression, insomnia, status post extensive debridement of bone and scar of the right ankle, and positive traumatic severe arthritis of the right ankle. The injured worker reported moderate occasional severe pain in the right ankle with difficulty walking and trouble sleeping. The injured worker had taken gabapentin which helped a little bit, and he used topical creams of Ketoprofen, gabapentin, and tramadol. On physical examination of the ankle/foot, the injured worker walked with a cane in the right hand, range of motion was decreased. The injured worker's second and third toes are hammered. The ankle is tender when the ankle was brought up to a maximum position, also touching of the ankle joint itself medially and laterally was painful. The prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included gabapentin and topical creams. The provider submitted a request for Ketoprofen/Gabapentin/Tramadol. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream ketoprofen/gabapentin/tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Chronic Pain.

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

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. Additionally, there was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, regarding the use of Ketoprofen this agent is not currently FDA-approved for topical application. Furthermore, gabapentin is not recommended, for there is no peer-reviewed literature to support its use. Additionally, a thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA-approved. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a frequency, dosage, or quantity. Therefore, the request of Compound topical cream Ketoprofen/Gabapentin/Tramadol is not medically necessary and appropriate.