

Case Number:	CM14-0066203		
Date Assigned:	07/11/2014	Date of Injury:	12/13/2007
Decision Date:	08/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational 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:

This patient is a 61 y/o male who has developed chronic foot and ankle pain secondary to a crush injury 12/13/07. He has been treated with partial amputations of the 3rd and 4th toes due to gangrene development. His diagnosis is complex regional pain syndrome (CRPS) of the foot secondary to peripheral nerve damage. He has been treated with episodic regional blocks and trials of specific nerve blocks. He has secondary diagnosis of diabetes mellitus and Parkinson's disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR VERSATILE/TETRACAINE/LIDOCAINE/BENZOCAINE CREAM, 244GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: MTUS Chronic Pain Guidelines are very specific regarding the use of products containing Lidocaine. Only the Federal Drug Association (FDA) approved products are recommended at this time. Duragesic patches are the only FDA approved method for topical

application of Lidocaine for neuropathic pain. The Versatile Tetracaine, Lidocaine, Benzocaine is a compounded blend which has a 5-7% range of strength for Lidocaine and a 4-11% range for Tetracaine. No quality literature could be found supporting its use and this compounded topical is not recommended by guideline standards. There are no unusual circumstances to justify an exemption. Therefore, the request for Versatile/Lidocaine/Benzocaine cream 244gm is not medically necessary.