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| <b>Case Number:</b>   | CM14-0066659 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 10/09/2000 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2014 |

### 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 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:

The claimant injured her foot on 10/09/2000 and compound topical pantoprazole pain cream is under review. The diagnosis is unspecified neuralgia, neuritis, and radiculitis. The claimant has neuralgia and metatarsalgia with hammertoes. She saw a podiatrist, [REDACTED], a podiatrist on 04/28/14 for pain in the right leg and foot. She presented for casting for functional foot orthotics and to order walking shoes. She had received new shoes and orthotics every 1-2 years for the last 10 years and has pain in the ball of her right foot. She has a painful callus. Her medications including losartan, levothyroxine and multivitamin. Compounded cream with ketamine 10% was ordered. She had a reevaluation with [REDACTED] on 03/18/14. She had a painful keratoma under the third metatarsal head of her right foot. She had had 3 surgical procedures for a neuroma in the third webspace and 2004 and further resection in 2006. A neuro-ablative nerve block was recommended. She reported using Cleocin 1% topical gel as needed, Flexeril for spasm, hydrocodone/acetaminophen, and other medications. Orthotics were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Pain Cream 180gm Tube x 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for compound topical pain medication 180 mg tube with 2 refills. The CA MTUS p. 143 state "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other medications with no documentation of intolerance or lack of effectiveness. The medical necessity of this request for the topical compound pain medication 180 mg with 2 refills has not been clearly demonstrated.