

Case Number:	CM14-0075555		
Date Assigned:	07/16/2014	Date of Injury:	09/11/1998
Decision Date:	08/14/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 54-year-old male who reported an injury, 09/11/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 05/22/2014 indicated diagnoses of left below-knee amputee, neuropathic pain, chronic pain syndrome, opioid dependence, gait dysfunction, right leg pain and ventricular tachycardia with pacemaker and defibrillator by history. The injured worker reported neuropathic stump pain rated 6/10. The injured worker denied side effects from the use of his medications. The injured worker reported his most painful area is his left stump. The injured worker reported pain to the right ankle. The injured worker reported urinary urgency and constipation due to opioid and frequency at night time. The injured worker reported depression, anxiety and insomnia. On physical examination, the injured worker examination was normal except for the right below-knee amputation. The injured worker's prior treatments include diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Percocet, Ambien, Effexor, tizanidine. The provider submitted a request for versatile compounded topical base. A Request for Authorization was not submitted for review to include the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Versatile compounded topicals base #120 gm: 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): 111-113.

Decision rationale: The request for Versatile compounded topicals base #120 gm is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate 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. In addition, topical analgesics are experimental in use with few that topical analgesics are largely experimental in use with few randomized controlled trials. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.