

Case Number:	CM14-0083974		
Date Assigned:	07/21/2014	Date of Injury:	06/16/2011
Decision Date:	08/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/05/2014

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 Internal 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:

Patient is an injured worker with left ankle conditions. Date of injury was 06-16-2011. Mechanism of injury was assault. Primary treating physician's progress report PR-2 dated 05-16-2014 was provided by [REDACTED]. Subjective complaints section documented left ankle pain, left ankle surgery 01-03-2014, four physical therapy sessions completed. Objective physical examination findings included negative Tinel sign on lateral aspect of the left ankle, light touch sensation grossly intact, no hypersensitivity to touch, left ankle dorsiflexion 5 degrees, plantar flexion 50 degrees, left foot and ankle muscle power 5/5 dorsiflexion and plantarflexion, 4+/5 inversion, 4/5 eversion, with no pain. Diagnoses were sprain of ankle, status post left peroneal tendon repair, edema left lower extremity, peroneal muscle strain, neuritis nerve entrapment secondary to hypertrophic scar formation left ankle, peroneal tendon split, status post release of nerve entrapment and debridement of deep tissue scar left ankle, status post repair of peroneus brevis tendon below knee splint and an anastomosis of left peroneus brevis to longus tendon, chronic edema left foot and ankle. Treatment plan included BCFG cream for application on lateral aspect of the right ankle three times a day. Utilization review dated 06-03-2014 recommended non-certification of the request BCFG topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective BCFG Topical Cream 120gm x1: Upheld

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

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Primary treating physician's progress report PR-2 dated 05-16-2014 documented diagnoses sprain of ankle, status post left peroneal tendon repair, edema left lower extremity, peroneal muscle strain, neuritis nerve entrapment secondary to hypertrophic scar formation left ankle, peroneal tendon split, status post release of nerve entrapment and debridement of deep tissue scar left ankle, status post repair of peroneus brevis tendon below knee splint and an anastomosis of left peroneus brevis to longus tendon, chronic edema left foot and ankle. Treatment plan included BCFG cream for application on lateral aspect of the right ankle three times a day. The chemical components of the BCFG topical cream were not documented. MTUS guidelines indicate that topical analgesics are not recommended, with little to no research to support the use of many of these agents. Therefore, MTUS guidelines do not support the medical necessity of BCFG topical cream. Therefore, the request for BCFG Topical Cream 120gm x 1 is Not medically necessary.