

Case Number:	CM14-0091730		
Date Assigned:	07/25/2014	Date of Injury:	04/26/2011
Decision Date:	12/10/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 23-year-old male with a 4/26/11 date of injury. The mechanism of injury occurred when he was carrying a rolling shelf; it hit a fire extinguisher on the wall, which fell onto his left foot. According to a progress report dated 11/19/12, the patient complained of left foot pain, rated as a 5, which was worse with prolonged standing and better with lying down. He reported numbness and tingling in the foot. Objective findings: tenderness to palpation of 3rd to 4th metatarsal with improving range of motion. Diagnostic impression: joint contusion of left foot. Treatment to date: medication management. A UR decision dated 5/9/14 denied the request for retrospective compound Cap/Men/Cam/Keto/Tram/Diclo for the left foot. There are no notes from 2013 to support any of these creams. There is no mention of the creams in the 2012 notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compound Cap/Men/Cam/Keto/Tram/Diclo for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, other muscle relaxants, Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, according to the 5/9/14 UR decision, this is a retrospective request for the dates 1/13/13, 3/5/13, and 4/3/13. However, there were no records from 2013 provided for review. Guidelines do not support the use of Ketoprofen, Tramadol, or Diclofenac in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective Compound Cap/Men/Cam/Keto/Tram/Diclo for the left foot was not medically necessary.