

Case Number:	CM14-0189652		
Date Assigned:	11/20/2014	Date of Injury:	06/19/2014
Decision Date:	01/29/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Rehab 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 24-year old male sustained a work related injury on 06/19/2014. The injury occurred when he tripped on steps and fell. He subsequently had swelling of the ankle and was unable to put weight on the ankle when he tried to get out of bed the next day. According to progress notes dated 06/20/2014, an x-ray of the ankle revealed soft tissue swelling laterally, no fracture. Physical examination revealed swelling of the right ankle along the lateral and anterior aspect of the ankle with bruising along the lateral sole of the foot. The injured worker was very tender posterior over the malleolus laterally and even more significantly anterior. Some tenderness was also present in the medial side of the ankle posterior to the medial malleolus, but no ecchymosis. Diagnosis include right ankle sprain; possible concern about a torn ligament due to mechanism of action and inability to weight bear; however could definitely be just a sprained ankle. An avulsion fracture was found. The x-ray reports were not submitted for review. Treatment plan included Cam boot, crutches, non-weight bearing, minimal weight bearing, no walking or standing, elevate foot, ice and ibuprofen and Norco as needed. As of 06/27/2014, the injured worker complained of problems standing upon the leg as well as pain in the mid foot area on the lateral side as well as pain in the right knee. According to the provider, x-rays of the right knee and right foot appeared normal. Work status was modified. MRI results of the right ankle dated 08/20/2014 revealed 1. Grade 2-3 sprain of the anterior talofibular ligament with evidence of grade 2 sprain of the calcaneofibular liga, No evidence of complete ligamentous disruption. Grade 1 sprain of the anterior tibiofibular ligament suspected. 2. Grade 1 sprain of the deep layer of the deltoid ligament. 3. No evidence of Achilles tendon disruption. Mild peritendinitis along the medial margin of the mid tendon cannot be excluded. Mild peroneus longus and brevis tendinosis. Correlate clinically. 4. Subchondral edema in the posterior medial talus at the posterior subtalar articulation as well as in the dorsal mi navicular. Findings are compatible

with reactive marrow change versus contusion. No evidence of a discrete fract focal osteochondral lesion. A MRI of the orbits revealed no evidence of radiopaque foreign body. As of an office visit dated 08/21/2014, the injured worker reported that Tylenol and ibuprofen were not helping. Diagnoses included right grade 3 ankle sprain, peroneal tendinitis and posterior tibialis tendinitis. Norco was refilled. The injured worker was to remain off work until 09/05/2014. On 10/31/2014, Utilization Review non-certified topical compound cream 180 grams with 3 refills for right ankle neuritis: Bupivacaine 1%, DMSO 4%, doxepin 3%, gabapentin 6%, nifedipine 2%, pentoxifylline 3% topiramate 1% that was requested on 10/20/2014. According to the Utilization Review physician MTUS guidelines does not recommend anti-epilepsy drugs for topical application. There was not sufficient documentation or rationale for the purchase of the requested topical compound cream. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

180grams with 3 refills for the right ankle neuritis: DMSO 4%, Gabapentin 6%, Nifedipine 2%, Pentoxifylline 3%, Topiramate 1%: 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): 111-113.

Decision rationale: The injured worker is being treated for chronic neuritis and tendonitis secondary to right ankle sprain. Prescription for compound cream containing DMSO, gabapentin, Nifedipine, Pentoxifylline and Topiramate are being requested. In addition to there being no trial of first line treatment for neuropathic pain which includes trial of antidepressants or anticonvulsants, MTUS guidelines specifically does not recommend topical gabapentin or other antiepileptic drugs as topical treatments. Furthermore, when the compound products containing at least one drug that is not recommended, MTUS guidelines indicates that the compound products is therefore not recommended. Request as written is therefore not medically necessary.