

Case Number:	CM14-0205665		
Date Assigned:	12/17/2014	Date of Injury:	06/06/2013
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 39 year old female with an injury date of 06/06/13. Based on the 10/22/14 progress report, the patient presents with ankle instability and plantar fasciitis. The patient had fractures on the left foot and lateral ankle ligament surgical repair was performed on 02/19/14. Current medications are Acetaminophen, Ciprofloxacin, Docusate sodium, Free style lancets, Glimepiride, Hydrocodone, Kombiglyze Xr, Lisinopril, Lite touch lancets, Metronidazole, Miconazole nitrate 2% vaginal cream, Ondansetron, One touch ultra-system kit, one touch ultra-test snipe, Promathegan, Q-Tussin DM, Sulfamathoxazole, and TriNessa. Physical exam reveals tenderness of the anterior talofibular ligament and the calcaneofibular ligament. The lateral ankle ligaments are tight on the left ankle. The treatment plan includes continue with home exercise program and dermatran pain cream. Based on the 10/07/14 progress report, the patient complains of pain, swelling, stiffness and tenderness in the left foot and ankle. The pain level is at 7-8/10. There is tenderness to palpation about the distal fibula region. Gait is antalgic on the left. The treating physician is requesting for topical compound cream (diclofenac 3%, baclofen 2%, bupivacaine 1%, Dimethylsulfoxide 4%, gabapentin 6%, ibuprofen 3%, ketamine 5%, Pentoxifylline 3%) 240 gm with 6 refills on 11/18/14. The utilization review determination being challenged is dated 11/25/14. The requesting physician provided treatment reports from 05/22/14-10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream (Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, DMSO 4%, Gabapentin 6%, Ibuprofen 3%, Ketamine Pentoxifyl 240 gm with 6 refills: 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 creams, "Topical analgesics Page(s): 111.

Decision rationale: This patient presents with ankle instability and plantar fasciitis. The request is for Topical compound cream 240gm with 6 refills (Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Dimethylsulfoxide 4%, Gabapentin 6%, Ibuprofen 3%, Pentoxifylline 3%, and Ketamine 5%). The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the requested compounded topical product IS NOT medically necessary.