

Case Number:	CM14-0209181		
Date Assigned:	12/22/2014	Date of Injury:	02/21/2013
Decision Date:	02/18/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 & Rehabn

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 male with an injury date of 02/21/13 Based on the 10/02/14 progress report provided by treating physician, the patient complains of right foot and ankle pain. Physical examination to the foot revealed tenderness to palpation to the Achilles tendon area and bottom of the right heel and foot. Range of motion was decreased, especially on inversion 15 degrees. Patients current medications include compound cream, Ambien, Naprosyn and Gabapentin. MRI dated on 08/19/14 showed no stress or traumatic fracture. Per treater report dated 10/22/14, the patient is TTD.Diagnosis (10/02/14)- Right foot pain- Plantar fasciitis- InsomniaThe utilization review determination being challenged is dated 11/21/14. The rationale follows: "has no peer-reviewed literature support for use in topical application."Treatment reports were provided from 12/18/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound analgesic cream (gabapentin, tramadol, capsaicin, camphor and menthol):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with right foot and ankle pain. The request is for compound analgesic cream (gabapentin, tramadol, capsaicin, camphor and menthol). Patients current medications include compound cream, Ambien, Naprosyn and Gabapentin. MRI dated on 08/19/14 showed no stress or traumatic fracture. Per treater report dated 10/22/14, the patient is TTD. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Therefore, the request is not medically necessary.