

Case Number:	CM14-0212594		
Date Assigned:	12/30/2014	Date of Injury:	02/05/2014
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/18/2014

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 Family Practice, and is licensed to practice in Florida. 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:

The patient is a 45-year-old female who sustained a work related injury from 2/05/2013-2/05/2014. The mechanism of injury was described as cumulative. She has the following diagnoses: Achilles tendonitis, Peroneal tendonitis, plantar fasciitis, and chronic pain. 8/30/2014 MRI's of the right and left feet were read as unremarkable. Prior treatment has included podiatry consultation, strapping of heels and arches, ice and stretches, therapy, TENS unit, and medications. A recent physical exam from 9/2014 noted the right and left feet to have tenderness to palpate over the plantar fascia, heel, and achilles tendon. The ranges of motion were noted to be decreased and painful. A utilization review physician did not certify a request for the following topical analgesic: Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in mediderm base 30gm. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base 30gm:
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: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Therefore, the requested topical analgesic is not considered medically necessary.