

Case Number:	CM15-0004135		
Date Assigned:	01/16/2015	Date of Injury:	04/23/2009
Decision Date:	04/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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, Hawaii

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 injured worker was a 57 year old female, who sustained an industrial injury, on April 23, 2009. The injured worker fell while walking down the hall, receiving a non-displaced fracture of the left ankle. The injured workers chief complaint was left ankle pain. The injured worker was diagnosed with left ankle fracture, post-traumatic stress disorder, chronic and severe pain and CRPS. The injected worker has tried nerve blocks injections, physical therapy, medication, diagnostic studies, Beir blocks, topical compound creams, psychiatrist treatments. On December 12, 2014, the UR denied authorization for Amantadine HCL. The denial was based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropathic topical cream (8% Amantadine, 1% Bupivacaine, 2% Diltiazem, 4% DMSO, 3% Doxepin, 6% Gabapentin, 5% Orphenadrine, 3% Pentoxifylline, 2% Topiramate):
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): 111-113.

Decision rationale: The patient presents with left ankle pain. The current request is for Neuropathic topical cream (8% Amantadine, 1% Bupivacaine, 2% Diltiazem, 4% DMSO, 3% Doxepin, 6& Gabapentin 5% Orphenadrine, 3% Pentoxifylline, 2% Topiramate. MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". MTUS does not support gabapentin in topical analgesics. Recommendation is for denial of this compounded topical analgesic as it is not supported in the MTUS guidelines.