

Case Number:	CM15-0006318		
Date Assigned:	01/26/2015	Date of Injury:	08/27/2013
Decision Date:	03/19/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/12/2015

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: Pennsylvania, Ohio, 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 injured worker is a 38 year old male, who sustained an industrial injury on 8/27/13. He has reported left foot/ankle injury. The diagnoses have included pain in left ankle joint. Treatment to date has included physical therapy, medications and splinting. (MRI) magnetic resonance imaging revealed contusion/bone marrow reaction of the inferior base of the second metatarsal left foot and (CT) computerized tomography scan was within normal limits. Currently, the IW complains of frequent left ankle pain with radiation to left knee with tingling and weakness; also complains of difficulty sleeping due to the pain. Physical exam noted tenderness to palpation of posterior aspect of the tibial tendon and ibuprofen has not provided relief. On 12/31/14 Utilization Review non-certified prescriptions for Furb/Baclo/dexam/Panth noting any compounded product that contains at least one non-recommended drug is not recommended and gabapentin is not recommended and Amitrip/Gaba/Bupiv/Panthen (retrospectively) , noting the any compounded topical drug that contains one or more non recommended drug is not recommended (Flurbiprofen is not recommended). The MTUS, ACOEM Guidelines was cited. On 1/8/15, the injured worker submitted an application for IMR for review of Furb/Baclo/dexam/Panth and Amitrip/Gaba/Bupiv/Panthen (retrospectively).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Amitrip/Gaba/Bupiv/Panthen (Date of service: 11/5/14): 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.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records do not provide such a rationale for this proposed topical agent. Additionally this guideline specifically does not recommend Gabapentin for topical use. For these reasons this request is not medically necessary.

RETROSPECTIVE Flurb/Baclo/Dexam/Panth (Date of service: 11/5/14): 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.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records do not provide such a rationale for this proposed topical agent. Additionally this guideline specifically does not recommend Baclofen for topical use. For these reasons this request is not medically necessary.