

Case Number:	CM15-0131297		
Date Assigned:	07/17/2015	Date of Injury:	12/14/2010
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 59 year old male with an industrial injury dated 12-14-2010. The injured worker's diagnoses include painful stump neuroma in the left 3rd interspace and extensor tendinitis of the left 2nd-4th extensors and bilateral plantar fasciitis with gastroc equinus. Treatment consisted of diagnostic studies, custom orthotics, extra-depth shoes, prescribed medications, steroid injections and periodic follow up visits. In a progress note dated 06-02-2015, the injured worker reported left 4th toe and 3rd interspace pain and bilateral heel pain with morning stiffness and post static dyskinesia. Objective findings revealed extreme tenderness in the left 2nd and 3rd interspace, sharp shooting pain throughout entire left fourth toe, and pain in the dorsum of the left 3rd interspace, painful bilateral medial calcaneal tubercle, and positive bilateral gastroc equinus. The treating physician also reported pain along the extensor tendons with toe extension against resistance. The treatment plan consisted of stretching exercise, extra-depth shoes, orthotics, and medication management. The treating physician prescribed Dermatatan cream 120 gm plus three refills, (contains the following: Amantadine, Gabapentin, Carbamazepine, Dexepin, Piroxicam, Gualfenesin, Pentoxifylline), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dermatan cream 120 gm plus three refills, (contains the following: Amantadine, Gabapentin, Carbamazepine, Dexepin, Piroxicam, Gualfenesin, Pentoxifylline): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, dermatram cream 120 g +3 refills (amantadine, gabapentin, carbamazepine, doxepin, Piroxicam, Gualfenesin, Pentoxifylline) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are painful stump neuroma; extensor tendinitis; and bilateral plantar fasciitis. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Topical gabapentin is not recommended. Any compounded product contains at least one drug (gabapentin) that is not recommended is not recommended. Consequently, dermatran cream 120 g +3 refills (amantadine, gabapentin, carbamazepine, doxepin, guafenisin, and Pentoxifylline is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, dermatan cream 120 g +3 refills (amantadine, gabapentin, carbamazepine, doxepin, Piroxicam, Gualfenesin, Pentoxifylline) is not medically necessary.