

Case Number:	CM15-0133708		
Date Assigned:	07/21/2015	Date of Injury:	10/13/2014
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 54 year old female who sustained an industrial injury on 10/13/2014. The worker was at work when she sprained her left ankle. The injured worker was diagnosed as having peroneus brevis tendinopathy, subcutaneous soft tissue edema about the lateral malleolus that extends to the dorsum of the foot, and subchondral cyst within the inferior aspect of the navicular, likely degenerative in nature. Treatment to date has included topical medications, diagnostic MRI, and Electromyogram, and a psychiatrist consultation. Currently, the injured worker complains of constant pain in the left foot and ankle that is aggravated by descending and ascending stairs, lifting, and bending. The pain is characterized as throbbing and rated a 7 on a scale of 0-10. The pain is unchanged, and her foot and ankle is swollen and unstable. On exam, there is pain and tenderness in the anterior joint line space and in the ankle mortise. There is some paresthesias in the dorsum of the foot. There is no crepitation. Anterior drawer test is negative. Range of motion is limited in all planes. Swelling is not apparent, and strength is normal. The diagnosis is rule out internal derangement left ankle. The worker is waiting to see a podiatrist, and continues to work light duty with restrictions. The plan of care includes topical medications. A request for authorization was made for the following: 1. Retrospective compound dispensed qty: 2 (05/29/15); 2. Retrospective compound dispensed qty: 2 (05/29/15); 3. Retrospective compound dispensed qty: 2 (05/29/15); 4. Use of compound medications going forward qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound dispensed qty: 2 (05/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 60, 111-112.

Decision rationale: Per the MTUS guidelines, topical analgesic creams are not recommended as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants, which is not documented in this case. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The compound ingredients are not documented as such the medical necessity of this topical compound cannot be affirmed. The request is not medically necessary.

Retrospective compound dispensed qty: 2 (05/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-112.

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Use of compound medications going forward qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 60, 111-112.

Decision rationale: Per the MTUS guidelines, topical analgesic creams are not recommended as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants, which is not documented in this case. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The compound ingredients are not documented as such the medical necessity of this topical compound cannot be affirmed. The request is not medically necessary.