

Case Number:	CM15-0165216		
Date Assigned:	09/02/2015	Date of Injury:	01/10/2012
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female who sustained an industrial injury on 01/10/2012. Diagnoses include status post left ankle tendon repair (9-12-14); failed surgical syndrome; and painful gait. Treatment to date has included medication, physical therapy and TENS unit. According to the progress notes dated 6-22-2015, the IW (injured worker) reported left ankle pain rated 7 out of 10 despite ongoing physical therapy. She stated the left ankle was easier to move, but complained of swelling around the ankle with walking even short distances of just a few blocks. On examination, she had difficulty rising from a seated position and her gait was antalgic and stiff. She used a cane for assistance. The podiatrist's exam on 1-7-2015 showed lower extremity pulses 2+ out of 4 bilaterally with excellent capillary refill in all digits. There were no sensory deficits and deep tendon reflexes were 2+ out of 4 bilaterally. Muscle strength in the lower extremities was +5 out of 5. A request was made for topical medication for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. In this case the claimant be already on oral medications. The use of topical analgesics for a prolonged period is not recommended. The type of medication topically was not specified and therefore cannot be justified. As a result, the topical medication is not medically necessary.