

Case Number:	CM15-0204327		
Date Assigned:	10/21/2015	Date of Injury:	04/08/2008
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male, who sustained an industrial-work injury on 4-8-08. He reported initial complaints of bilateral feet, toes, ankle, and left Achilles pain. The injured worker was diagnosed as having partial thickness tear, left Achilles tendon; osteomyelitis, distal phalanx, left second toe; status post terminal Syme amputation, distal plalanx, left second toe; multiple mallet toe deformities, left foot and neuritis, common digital nerve, third intermetatarsal space; history of plantar fasciitis of bilateral feet; peripheral polyneuropathy of lower extremities. Treatment to date has included medication, surgery, and stretching exercises. Currently, the injured worker complains of bilateral lower extremity pain status post amputation. The neuritic pain at the inside (medial aspect) of the right foot and ankle and bilateral (plantar) arch is unchanged. Pain is rated 5 out of 10 at best and 10 out of 10 at worst. Per the primary physician's progress report (PR-2) on 8-5-15, exam notes hypertension, weight of 215 pounds, pedal pulses of 3-4, no ischemic changes, warm temperature gradient, mild neuritic tenderness to palpation of the right lower extremity, 1+ edema present, neuritic changes to the right foot, mild to moderate tenderness to the right ankle and rear foot, + Tinel's sign, tenderness at the medial calcaneal branch of medial plantar nerve, moderate tenderness to the plantar ball of the left foot, severe tenderness at plantar ball of left foot at the 3rd metatarsal interspace and positive Mulder's sign. Current plan of care includes foot orthosis, medication, specified footwear, exercises, transdermal creams. The Request for Authorization requested service to include topical compound cream; Flurb/Lido/Vesapro base cream (Retro, dos 8/3/15), topical compound cream; Gaba/Amit/Caps/Vesapro base cream (Retro, dos 8/3/15), and topical compound cream;

Cyclo/Lido/Vesapro base cream (Retro, dos 8/3/15). The Utilization Review on 9-30-15 denied the request for topical compound cream; Flurb/Lido/Vesapro base cream (Retro, dos 8/3/15), topical compound cream; Gaba/Amit/Caps/Vesapro base cream (Retro, dos 8/3/15), and topical compound cream; Cyclo/Lido/Vesapro base cream (Retro, dos 8/3/15), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream; Flurb/Lido/Vesapro base cream (Retro, dos 8/3/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation <http://www.versaprocreambase.com/>.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical Flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Per manufacturer information Vesapro base cream is a moisturizing cream formulated with penetrating properties. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for topical compound cream; Flurb/Lido/Vesapro base cream (Retro, dos 8/3/15) is determined to not be medically necessary.

Topical compound cream; Gaba/Amit/Caps/Vesapro base cream (Retro, dos 8/3/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation <http://www.versaprocreambase.com/>.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of Amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Per manufacturer information Vesapro base cream is a moisturizing cream formulated with penetrating properties. As at least one if the medications in the requested compounded medication is not recommended by the guidelines, the request for topical compound cream; Gaba/Amit/Caps/Vesapro base cream (Retro, dos 8/3/15) is determined to not be medically necessary.

Topical compound cream; Cyclo/Lido/Vesapro base cream (Retro, dos 8/3/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Topical Analgesics. Decision based on Non-MTUS Citation <http://www.versaprocreambase.com/>.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Per manufacturer information Vesapro base cream is a moisturizing cream formulated with penetrating properties. As at least one if the medications in the requested compounded medication is not recommended by the guidelines, the request for topical compound cream; Cyclo/Lido/Vesapro base cream (Retro, dos 8/3/15) is determined to not be medically necessary.