

Case Number:	CM15-0212139		
Date Assigned:	11/02/2015	Date of Injury:	08/06/2007
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii

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 48 year old male, who sustained an industrial injury on 8-6-2007. A review of the medical records indicates that the injured worker is undergoing treatment for history of right foot injury status post right big toe amputation, history of diabetes and peripheral neuropathy, right foot second, third, fourth, and fifth toe osteoarthritis, right foot malunion, history of intra-articular loose bodies status post non-reproducible hammertoe contractures, right foot hallux amputation with metatarsal osteoectomy, right foot adult acquired per planus, and posttraumatic anxiety, depression, and sleep disturbance. On 10-13-2015, the injured worker reported ongoing right foot pain with popping sensation and pain and the plantar surface of the foot more so along the fourth and fifth digits. The Primary Treating Physician's report dated 10- 13-2015, noted the physical examination showed the right foot to be missing the entire first toe, unclear if the undersurface of the MCP joint is slow in healing, with no signs of infection and paresthesias and dysesthesias of the lower extremities. The treatment plan was noted to include refill of medications Gabapentin, Meloxicam, and Omeprazole, with prescription for Hydrocodone and request for authorization for compound topical creams. The injured worker was noted to have been on transdermal creams with Cyclobenzaprine, Flurbiprofen, and Gabapentin since at least 5-6-2015. Prior treatments have included Fenoprofen, orthotics, and right foot surgery with subsequent foot infection requiring debridement. The request for authorization was noted to have requested Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% cream, 210 gm and Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% cream, 210 gm. The Utilization Review (UR) dated 10-19-2015, non-certified the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% cream, 210 gm and Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% cream, 210 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% cream, 210 gm:
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): Topical Analgesics.

Decision rationale: The patient presents with right foot surgery and subsequent foot infection requiring debridement. The current request is for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% cream, 210 gm. The treating physician states, in a report dated 10/27/15, "Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% cream, 210 gm." (12B) The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen." In this case, Baclofen is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% cream, 210 gm: 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): Topical Analgesics.

Decision rationale: The patient presents with right foot surgery and subsequent foot infection requiring debridement. The current request is for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% cream, 210 gm. The treating physician states, in a report dated 10/27/15, "Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% cream, 210 gm." (12B) The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended as a topical analgesic in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.

