

Case Number:	CM15-0212831		
Date Assigned:	11/02/2015	Date of Injury:	10/02/2014
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 43 year old male, who sustained an industrial injury on 10-02-2014. The injured worker was being treated for pain in limb and Achilles tendinitis, left leg. Treatment to date has included diagnostics, physical therapy, and medications. On 9-23-2015, the injured worker complains of only occasional mild pain to the back of the heel after therapy. He had one physical therapy session left and felt he was ready to return to work. No drug allergies were noted and medications were "no active meds". Objective findings noted body mass index 26.4% and vascular exam of the lower extremities was within normal limits. On 9-09-2015 it was documented that he was using topical compounding anti-inflammatory cream with some improvement. Failed medications, if any, were not specified. On 10-01-2015 Utilization Review non-certified a request for Pentoxifylline 3% in Lipoderm, apply 1-2 grams to affected area 3-4 times daily and Diclofenac 5%, Baclofen 2%, Bupivacaine 1%, Ibuprofen 3% 240gm (30-day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentoxifylline 3% in Lipoderm, apply 1-2 grams to affected area 3-4 times daily: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams and Other Medical Treatment Guidelines Hassan, Dornay, Anwar. Ind Derm J.2014, OCT-DEC 510-516 MedScape online pharmaceuticals; Pentoxifylline.

Decision rationale: Pentoxifylline is a hemorheologic agent which functions by decreasing blood cell viscosity. It has an active metabolite and undergoes extensive first pass metabolism. There are currently only FDA approved oral indications for this medication but there is off label use recognized for the treatment of psoriasis and inflammatory granulomatous skin disorders. Given the need for first pass hepatic metabolism there can be assumed to be only minimal effect from topical application. MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The treating physician documents none of the dermatological conditions for which this medication would be considered for acceptable off label use. There are no random controlled studies supporting its' use as a topical analgesic and no FDA approved indication. As such the request for Pentoxifylline 3% in Lipoderm is deemed not medically necessary.

Diclofenac 5%, Baclofen 2%, Bupivacaine 1%, Ibuprofen 3% 240gm (30-day supply):
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states that topical Baclofen is "Not recommended." MTUS also states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." As Baclofen cannot be recommended the compound as a whole may not be recommended. The request for Diclofenac 5%, Baclofen 2%, Bupivacaine 1%, Ibuprofen 3% 240gm is deemed not medically necessary.