

Case Number:	CM15-0033301		
Date Assigned:	02/26/2015	Date of Injury:	12/10/2008
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 12/10/2008. She has reported an ankle injury. She is status post left lateral ankle and peroneus brevis tendon repair and allograft reconstruction of the ankle in 2009 and a revision in 2011. The diagnoses have included history of weakness and instability of left ankle, hypertrophic scar formation left ankle, post traumatic osteoarthritis, and post traumatic edema left lower extremity. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), custom made left foot/ankle brace, compression stocking, and post surgical physical therapy. Currently, the IW complains of sharp shooting pain and swelling in the left foot. She is documented to ambulate with a limp and utilize compression stockings. There is a left ankle brace however it is not used. The physical examination documented current edema noted in the left ankle and tenderness with palpation. The plan of care was to continue Motrin as ordered. On 2/3/2015 Utilization Review non-certified medication-topical BCF Cream 120 Grams; apply four times a day #1 with 12 refills. The MTUS and ODG Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of medication-topical BCF Cream 120 Grams; apply four times a day #1 with 12 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical BCF G cream 120g; apply one gram qid QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical BCF G cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 injured worker's working diagnoses are status post-lateral ankle instability repair, left lower extremity; history weakness and instability left ankle; poor proprioception left ankle; post-traumatic osteoarthritis left ankle; posttraumatic edema left lower extremity. Topical analgesics are largely experimental few controlled trials to determine efficacy and safety. The documentation did not contain a breakdown for the acronym BCF G. The contents of the cream could not be discerned from the medical record. A literature search did not disclose the contents of topical BCF G cream. Based on the clinical information in the medical record and the peer-reviewed evidence-based guideline (with an inability to determine the ingredients of the topical cream), topical BCF G cream is not medically necessary.