

Case Number:	CM15-0036186		
Date Assigned:	03/04/2015	Date of Injury:	12/14/2009
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old female with a reported date of injury on 12/19/2009 due to prolonged walking and standing on the cement floor at work. The diagnoses include reflex sympathetic dystrophy of low limb, unspecified neuralgia, neuritis, and radiculitis, spasm of muscles, and pain in the ankle, joint, and foot. Past treatment includes 4 to 5 cortisone injections to the left heel, post-operative physical therapy, psychotherapy, and use of a TENs unit. Diagnostics include x rays, and MRI's of the ankle and foot. Surgical history includes repair of the anterior talofibular ligament, repair of the calcaneofibular ligament, plantar fascial ligament release, and removal of heel spur on left foot, which all occurred on 05/10/2010. On the visit note, dated 01/26/2015 subjective complaints included pain to her left foot and ankle, with increased left leg pain at night. Objective findings included left foot weakness with extension, and difficulty ambulating due to severe pain. Medications included Neurontin, Nucynta ER, and Zanaflex. The treatment plan included the use of PC5001 cream to help control pain to the left ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

PC5001 cream, 150 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 18, 66, 76-80, 104, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on California MTUS recommended guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Given the above guidelines, the request is not medically necessary. The clinical notes submitted for review dating 01/26/2015 show no indication of neuropathic pain on physical examination and there is no documentation that trials of antidepressants and anticonvulsants have failed, therefore, the request is not recommended for this patient. As such, the request is not medically necessary.