

Case Number:	CM15-0039525		
Date Assigned:	03/09/2015	Date of Injury:	09/12/2011
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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 35-year-old male, who sustained an industrial injury on 9/12/2011. The details of the initial injury were not submitted. The diagnoses have included synovitis and tenosynovitis 2nd and 3rd metatarsals, pain in joint involving ankle and foot, traumatic arthropathy, crushing injury of the foot, chronic pain syndrome, lumbago, depression and anxiety. Treatment to date has included physical therapy, acupuncture, pain management and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Currently, the Injured Worker complains of right foot pain, status post right big toe amputation from May 2013. The physical examination from 1/14/15 documented tenderness to left second MTP joint and decreased Range of Motion (ROM). The plan of care included a shoe with a metatarsal bar, continuation of compound cream use topically and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: tramadol 8%,gabapentin 10%,menthol 2%, camphor 2%, Capsaicin 0.5%; 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The requested Compounded medication: tramadol 8%,gabapentin 10%,menthol 2%, camphor 2%, Capsaicin 0.5%; 120 grams is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right foot pain, status post right big toe amputation from May 2013. The physical examination from 1/14/15 documented tenderness to left second MTP joint and decreased Range of Motion (ROM). The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compounded medication: tramadol 8%,gabapentin 10%,menthol 2%, camphor 2%, Capsaicin 0.5%; 120 grams is not medically necessary.