

Case Number:	CM15-0045587		
Date Assigned:	03/17/2015	Date of Injury:	04/02/2007
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old female, who sustained an industrial injury on 4/2/07. She has reported right foot and ankle injury after trying to put a garbage can into a space in her closet and she stepped and turned her right ankle. The diagnoses have included right foot pain, peripheral neuropathy, numbness, myalgia and chronic pain syndrome. Treatment to date has included medications, Transcutaneous Electrical Nerve Stimulation (TENS) surgery x2 to right foot, and failed conservative treatments of physical therapy and medications. Surgery included right ankle tendon repair and debridement in 2007 and second tendon repair right ankle in 2009. Currently, as per the physician progress note dated 1/8/15, the injured worker complains of aching, burning pain in the right lateral foot with numbness status post surgery x2. She rates the pain 4/10 on pain scale and aggravated with prolonged walking, standing and driving and alleviated with rest. It was noted that she was not able to tolerate oral medications as she was allergic to multiple medications. The x-ray of the right foot dated 5/23/14 revealed lateral soft tissue swelling. (NCV) Nerve Conduction Velocity study dated 5/9/14 revealed suggestion of a focal neuropathy of the sural nerve. The current medications included Embrel injections, Methotrexate, Meloxicam, Folic acid, Lovastatin, Lisinopril, Rantadine, Hydrochlorothiazide and over the counter vitamins. The right foot exam revealed mild swelling of the right ankle, tenderness to palpation of the lateral foot, and decreased sensory on the lateral aspect of the right foot. The physician noted that she has chronic right foot pain status post surgery x2 and failed conservative treatment. The surgery has helped relieve some of the pain; however the pain continues after surgery. It was noted that she was not taking any medications for pain. She was unable to tolerate

most oral medications including neuropathic pain medications such as Gabapentin and Lyrica and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) due to history of gastritis. She has also tried topical patches such as Lidoderm and Flector patches which did help for some time but stopped being effective. The physician noted that she may benefit from the use of a topical compound medication. The Treatment Plan included compression and elevating feet for swelling, 30 day Transcutaneous Electrical Nerve Stimulation (TENS) trial and The requested treatment was Topical compound cream Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Orphenadrine 6%, Penloxline 3% 120gms. Work status was retired permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Orphenadrine 6%, Penloxline 3% 120gms: 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.

Decision rationale: This 59 year old female has complained of right foot and ankle pain since date of injury 4/2/07. She has been treated with right foot and ankle surgery, TENS unit, physical therapy and medications. The current request is for topical compound cream Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Orphenadrine 6%, Penloxline 3% 120gms. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, topical compound cream Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Orphenadrine 6%, Penloxline 3% 120gms is not indicated as medically necessary.