

Case Number:	CM15-0056029		
Date Assigned:	04/01/2015	Date of Injury:	02/03/2011
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on February 3, 2011. He reported right lower extremity and foot pain. The injured worker was diagnosed as having right foot contusion and crush injury of the right hallux and subungual hematoma. Treatment to date has included radiographic imaging, diagnostic studies, conservative treatments, psychotherapy, physical therapy, medications and work restrictions. Currently, the injured worker complains of right lower extremity and foot pain, depression and anxiety. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 5, 2014, revealed continued pain. Evaluation on February 5, 2015, revealed continued pain as noted. A topical medication was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Nifedipine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/term=topical+nifedipine>.

Decision rationale: Per the 02/26/15 report the patient presents with right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes from contusion injuries. His diagnoses include: CRPS. The current request is for TOPICAL NEFEDIPINE. The RFA is not included. The reports do not state if the patient is working . <http://www.ncbi.nlm.nih.gov/pubmed/term=topical+nifedipine>. The MTUS and ODG guidelines do not specifically address this medication. The US National Library of Medicine, National Institutes of Health states oral Nifedipine is used for the treatment of high blood pressure and angina. Topical Nifedipine is discussed regarding treatment of anal fissure. The MTUS Topical Analgesics page 111, states, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician states in the 02/26/15 report that the currently requested medication is for treatment of the patient's CRPS. In this case, available guidelines provide no recommendation of this medication for this patient's neuropathic pain/CRPS. Furthermore, there is little evidence of the efficacy and safety of topical analgesics and then only following a failed trial of anti-depressants and anti-convulsants. No evidence of such a trial is provided. In this case, the request IS NOT medically necessary.