

Case Number:	CM13-0063267		
Date Assigned:	05/07/2014	Date of Injury:	05/05/2011
Decision Date:	06/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 52-year-old female presenting with chronic pain following a work-related injury on May 5, 2011. The claimant was diagnosed with lower limb RSD, and ankle neuropathy. The claimant was treated with right tarsal tunnel release. On October 11 2013, the claimant reported ankle pain that was rated a 10 out of 10 with tingling and numbness in the toes. The physical exam revealed severe pain with dorsiflexion of the right ankle, moderate redness spanning from the mid-calf to the medial malleolus.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF SOLARAZE GEL 3% W/W #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical anti-inflammatory cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended".

Additionally, CA MTUS page 111 states that topical NSAIDs, are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The claimant was diagnosed with RSD of the lower limb and ankle neuropathy; therefore, the medication is not medically necessary.