

Case Number:	CM14-0133488		
Date Assigned:	08/29/2014	Date of Injury:	08/01/2012
Decision Date:	10/21/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/20/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 28 year old male with complaints of right ankle and foot pain. The date of injury is 8/1/12 and the mechanism of injury is impact injury while doing his job as a professional dancer landed hard on his right heel which led to his current symptoms. At the time of request for compound medication Sobraze, there is subjective (right lower extremity pain) and objective (decreased sensory great toe right foot, positive tinel's sign over right ankle) findings, imaging findings (8/4/14 MRI right foot shows mass effect on the posterior aspect tibial nerve, tibial neuritis with potential nerve entrapment), diagnoses (Tarsal tunnel syndrome, neuritis), and treatment to date (surgical decompression tibial nerve, medications, physical therapy). Any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. There are certain topical analgesics that may be indicated for the treatment of neuropathic pain after failure of first line therapy such as antiepileptic drugs and antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication Sobraze: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. There are certain topical analgesics that may be indicated for the treatment of neuropathic pain after failure of first line therapy such as antiepileptic drugs and antidepressants. Currently, the patient is being prescribed lidoderm which is FDA approved and indicated currently only for post herpetic neuralgia and used off label for other types of neuropathic pain. The request is for a topical compounded pain cream in addition to topical lidocaine as reviewed in the treating provider's progress note dated 7/29/14. There is mention for a compounded agent 'Sobraze' which after a thorough information search was not able to ascertain the component agents. Without more specific information and in consideration that most compounded topical agents are experimental unfortunately, the request for this compounded agent is not medically necessary.