

Case Number:	CM14-0134217		
Date Assigned:	09/18/2014	Date of Injury:	04/09/2014
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52-year-old male with an injury date of 04/09/2014. Based on the 07/17/2014 progress report, the patient complains of having left foot pain which is described as being shooting, throbbing, and aching. The patient has numbness/tingling as well as a limited range of motion. The 07/01/2014 report indicates that the patient walks with a single-point cane and is wearing a cam boot on the left foot. The patient continues to have pain in the great toe and 2nd toe on the left with numbness. The patient diagnoses include the following: 1. Crushing injury of foot. 2. Fracture phalanx foot, open. 3. Neuropathy. The utilization review determination being challenged is dated 08/05/2014. Treatment reports were provided from 04/10/2014 - 09/22/2014. The patient had a left hallux irrigation and debridement with primary closure on 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Compound Cream 10% 120 grams: 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 creams(chronic pain section): Topical Analgesics Page(s): p111.

Decision rationale: Based on the 07/17/2014 progress report, the patient complains of having left foot pain which is described as being shooting, throbbing, and achy. The request is for Gabapentin compound cream 10% 120g. MTUS Guidelines state that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. In this case, MTUS does not support a topical formulation of Gabapentin. The request is not medically necessary.