

Case Number:	CM14-0134890		
Date Assigned:	08/27/2014	Date of Injury:	11/07/2013
Decision Date:	11/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 27 year old employee with date of injury 11/7/2013. Medical records indicate the patient is undergoing treatment for right foot pain s/p contusion. Subjective complaints include pain across the dorsum of the mid foot, worse on the medial side. Objective complaints include tenderness over the TMT joint medially around the 2nd TMT joint and at the base of the 2nd metatarsal. His bilateral squat is limited as well as the toe raise. He can walk mile and has no limp. Range of motion: dorsiflexion, 10; plantar flexion, 28; eversion, 8 and inversion, 12. He rates his pain as a 7/10. X-Ray and MRI negative for fracture. Treatment has consisted of work restrictions, hard sole shoe and physical therapy consisting of desensitization program, ROM, gait training and strengthening. Medications include: Voltaren gel, Ibuprofen 600mg tid, and Ultram ER. The utilization review determination was rendered on 8/7/14 recommending non-certification of AIF Cream 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

AIF Cream 240gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Compound creams Other Medical Treatment Guideline or Medical Evidence: http://bradleydrugs.com/wp-content/uploads/2013/12/BD_Compounding_referral_form_extended1.pdf

Decision rationale: AIF cream contains Ketoprofen 15%. Cyclobenzaprine 2% and Lidocaine 5%. Baclofen 2%. MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." AIF Cream 240gm is not indicated for this usage, per MTUS. The request for AIF Cream 240gm is not medically necessary or appropriate.