

Case Number:	CM14-0135957		
Date Assigned:	09/03/2014	Date of Injury:	07/16/2010
Decision Date:	11/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 51 years old male with an injury date on 07/16/2010. Based on the 07/30/2014 progress report provided by [REDACTED], the diagnoses are: Status post crush injury to the right foot, 07/2010 resulting in multiple fractures of the first, second and third digits of the right foot., Status post removal of fracture fragments, hallux and second and third toes, 10/30/2010., Status post condylectomy of the first metatarsal joint, 11/12/2011., Status post right hallux fusion with fluoroscopic guidance, 03/26/2013., Nonunion of attempted fusion of the right hallux per QME., and History of diabetes. According to this report, the patient complains of neuropathic pain at the right toes which radiates to the top of the foot and up into the calf. The patient noted shooting pain with certain steps and continues to use a single point cane. Pain is rated as a 6/10. X-rays of the right foot on 01/14/2014 show rod fixation in the right big toe, DIP joint. There were no other significant findings noted on this report. The utilization review denied the request on 08/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/12/2014 to 09/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine/Cyclobenz/Gabapenti/Tramadol/Amitrip Day Supply: 30 Qty: 120 Refills: 3:
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, 112.

Decision rationale: According to the 07/30/2014 report by [REDACTED] this patient presents with neuropathic pain at the right toes which radiates to the top of the foot and up into the calf. The treater is requesting Ketamine / Cyclobenz/Gabapentin / Tramadol / Amitrip;Day supply :30, Qty:120, refills:3. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. In this case, Cyclobenz/Gabapentin / Tramadol are not recommended for topical formulation. Recommendation is for denial.