

Case Number:	CM14-0142754		
Date Assigned:	09/10/2014	Date of Injury:	08/20/1999
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine 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 injured worker is a 54 year old female who reported an injury on 08/20/1999. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included plantar fibromatosis, neuropathy, exostosis of the foot, ingrown toenails, and pain in limb. The injured worker's past treatments consisted of medications, splints, corticosteroid injections, surgery, and physical therapy. Her diagnostic exams included an X-ray of the right foot on an unspecified date. The injured worker's surgical history consisted of an Osteotomy of the right wrist. On 06/04/2014, she complained of severe pain to her right heel plantar fasciitis and the corticosteroid injection she received did not help. She continued to have burning in both feet and severe cramps in both feet. She rated her pain 9/10 during walking. The physical exam revealed pain with palpation of the bilateral hallux nails and of the PT nerves on both feet. There was a positive Tinel's sign noted and her pedal pulses were diminished. Her range of motion was noted to be limited and guarded. Her medications consisted of Flector Patches, Rozerem, Viibryd, Cymbalta, Flexeril, and Pennsaid. The treatment plan included X-rays of the right foot, a night splint for the right foot, and Diclofenac sodium powder, Gabapentin powder, Tramadol HCL powder, lidocaine HCL powder, Cyclobenzaprine HCL powder, a versatile cream base; 240gm #30 day supply. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium powder, Gabapentin powder, Tramadol HCL powder, Lidocaine HCL powder, Cyclobenzaprine HCL powder versatile cream base 240gm (30 days supply):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113..

Decision rationale: The request is for Diclofenac sodium powder, Gabapentin powder, Tramadol HCL powder, lidocaine HCL powder, and Cyclobenzaprine HCL powder versatile cream base 240gm #30 is not medically necessary. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As for Gabapentin, the guidelines do not recommend as there are no peer-reviewed literature to support its use as a topical analgesic. In regards to the use of topical non-steroidal anti-inflammatory drugs (NSAIDs), the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine; whether creams, lotions or gels, are indicated for neuropathic pain. In regards to Cyclobenzaprine, the guidelines state that the use of topical muscle relaxants are not recommended as there is no evidence for use of any muscle relaxant as a topical product. Based on the clinical notes the injured worker had a diagnosis of neuropathy, which would be an indication for the use of topical analgesics. However, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence she tried and failed a trial of antidepressants and anticonvulsants to control her neuropathic pain. The guidelines state topical NSAIDs are not recommended for neuropathic pain. Also, the use of lidocaine would not be supported despite the indication of neuropathy. The guidelines state that no other commercially approved topical formulations of lidocaine other than Lidoderm are supported. Furthermore, the guidelines do not support the use of Gabapentin or Cyclobenzaprine because there is no peer-reviewed literature to support their use as topical analgesics. Therefore, due to lack of evidence that the injured worker tried and failed the use of antidepressants and anticonvulsants and lack of support to use Lidocaine, Gabapentin, or Cyclobenzaprine as a topical formulation, the request is not supported. In conclusion, the request for Diclofenac sodium powder, Gabapentin powder, Tramadol HCL powder, Lidocaine HCL powder, Cyclobenzaprine HCL powder versatile cream base 240gm #30 is not medically necessary.