

Case Number:	CM14-0184956		
Date Assigned:	11/12/2014	Date of Injury:	02/20/2013
Decision Date:	12/19/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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 Preventative (Occupational) Medicine and is licensed to practice in Massachusetts, New York and New Hampshire. 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 36-year-old male who reported an injury due to running in a training exercise on 02/20/2013. On 07/29/2014, his diagnoses included status post right foot peroneus longus rupture with subsequent surgical repair on 04/11/2013 with neuritis, right ankle sprain, chronic appearing partial tear of the anterior talofibular ligament of the right ankle, and tendinosis of the peroneus brevis tendon of the right foot with partial thickness interstitial tearing. He reported that he was making "great progress" with reported 80% improvement after his physical therapy sessions. He rated his pain at 1/10. He had been trying to transition away from his cane for ambulation. He had orthotics which were also helping him. The treatment plan included an extension of his physical therapy sessions. On 08/26/2014, his complaints included low back pain radiating into his right lower extremity. An additional diagnosis of lumbar L5-S1 degenerative disc disease, rule out possible lower extremity numbness and EHL weakness was added. The last report submitted for review dated 10/14/2014 indicates continued improvement. There were no medications indicated in any of the reports submitted for review. There was no rationale or request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION COMPOUND CREAM FROM [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for prescription compound cream from [REDACTED] is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control. There is little to no research to support the use of many of these agents. The request as submitted contains no ingredients, no quantity, no frequency of application, and no body part or parts to be treated. Therefore, this request for prescription compound cream from [REDACTED] is not medically necessary.