MAXIMUS Federal Services

Case Number:	CM14-0021397		
Date Assigned:	05/05/2014	Date of Injury:	06/15/2012
Decision Date:	08/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/20/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 8/8/2011. On 10/9/2013, this patient presented to her podiatrist with complaints of left heel pain and the physical examination revealed the neurovascular status was intact. The Orthopedic examination revealed arch pain plantar medial aspect of left heel and pain at the dorsal lateral aspect of left forefoot. The diagnoses include plantar fasciitis and acute tenosynovitis. A peripheral nerve block was initiated to the left foot and patient was advised to continue with custom orthotics. In a letter dated 2/15/14 this patient requests a medical review for the denial of the compounded pain/anti-inflammatory cream (Ketamine, Lidocaine, Ketoprofen, Dimethyl, PCCA) prescribed by her podiatrist for her foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream - compound medication: Ketamine / Lidocaine / Ketoprofen / Dimethyl / PCCA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: After careful review of the enclosed information and the pertinent chronic pain medical treatment guidelines this request is not medically necessary. The 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. Based on the records provided, this patient does not have a diagnosis of neuropathic pain, rather plantar fasciitis and tenosynovitis. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With regards to the medications in this compounded cream, ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases that all primary and secondary treatment were exhausted. Topical ketamine has only been studied for use in non-controlled studies for complex regional pain syndrome I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. As such, this request is not medically necessary.