

Case Number:	CM14-0087993		
Date Assigned:	07/23/2014	Date of Injury:	07/12/2013
Decision Date:	05/28/2015	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old male sustained an industrial injury to the right foot on 7/12/13. The injured worker was diagnosed with a right first metatarsal mid shaft fracture. The injured worker later developed right shoulder pain after using crutches. Previous treatment included x-rays, physical therapy and medications. In a podiatric progress note dated 4/28/14, the injured worker the injured worker complained of ongoing soreness and spasms on the right plantar foot area. The injured worker reported having returned to full duty work with no restrictions and was doing well with the exception of any time that he used a shovel. Physical exam was remarkable for minimal pain with direct palpation to the right foot with intact range of motion. X-rays of the right foot showed evidence of a well-healed first metatarsal fracture with appropriate alignment as well as ongoing plantar and posterior spurring at the calcaneus. Current diagnoses included noncertified-displaced mid shaft fracture, right first metatarsal. The treatment plan included assigning modified work duty restricting the use of shovels and medications (Naproxen Sodium and LidoPRo ointment).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Prescription of LidoPro ointment 120g #2 tubes 6/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding topicals; Capsaicin, Salicylate, Menthol.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.