

Case Number:	CM15-0114904		
Date Assigned:	06/23/2015	Date of Injury:	11/29/2010
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 56-year-old female with a reported date of injury of 11/29/2010. The injured worker's injury at the time of the injury included a twisting injury to the left ankle. The diagnoses include complex regional pain syndrome and status post ankle fracture. Treatments to date have included multiple ankle surgeries, chiropractic care, physical therapy, medications, and psychiatric treatment. The medical report from which the request originates was not included in the medical records provided for review. The doctor's first report dated 02/25/2015 indicates that the injured worker had subjective complaints of chronic pain and an abnormal gait. The objective findings include decreased range of motion, hypersensitivity, and an abnormal gait. No other objective findings were documented. It was noted that the x-ray and laboratory results were within normal limits. The diagnostic examination reports were not included in the medical records provided for review. The treating physician requested Gabapentin/Prilocaine/Fluticasone/Levocetirizine 240mg, with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Gabapentin/Prilocaine/Fluticasone/Levocetirizine 240 grams, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111,113.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded medication contains Gabapentin, and according to the guidelines, topical use of Gabapentin is not recommended. In addition, there was no evidence that the injured worker had neuropathic pain. Finally, the submitted request does not include the location or frequency of application. Therefore, the request is not medically necessary.