

Case Number:	CM15-0174255		
Date Assigned:	09/24/2015	Date of Injury:	09/13/2013
Decision Date:	10/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 51 year old female who sustained an industrial injury on 09-13-2013. The injured worker was diagnosed with a right foot contusion, bone spur and neuritis of the metatarsal nerve. The injured worker is status post hallux valgus corrective surgery with a modified McBride with exostectomy and decompression of the first metatarsophalangeal joint on February 6, 2015. According to the treating physician's progress report on June 4, 2015, the injured worker continues to experience symptoms related to scar tissue adhesions and fibrosis in the metatarsophalangeal joint limiting her range of motion. Evaluation noted a well-healed medial aspect incision of the right foot with significant pain with scar tissue adhesions present. The injured worker demonstrated difficulty with gait. The skin texture, color, temperature and pulses were intact bilaterally. Motor strength for all intrinsic and extrinsic musculature and deep tendon reflexes were intact. There was decreased range of motion with the first metatarsophalangeal joint at 10 degrees. Prior treatments included diagnostic testing, surgery, physical therapy and medications. Current medications were listed as topical analgesics. Treatment plan consists of additional physical therapy and the current request for First relief topical spray 4%-1% 354ml. On 08-05-2015 the Utilization Review determined the request for First Relief Topical spray 4%-1% 354ml was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

First relief topical spray 4%-1% 354ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The First Relief Topical spray requested is a compound of lidocaine and menthol, and per the MTUS, lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while all other topical formulations of lidocaine are not recommended. Therefore, per the cited MTUS guidelines, the request for First Relief Topical spray 4%-1% 354ml cannot be considered medically necessary.