

Case Number:	CM15-0062634		
Date Assigned:	04/08/2015	Date of Injury:	01/27/2014
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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, 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 54 year old male sustained an industrial injury to the left foot and ankle on 1/27/14. Previous treatment included magnetic resonance imaging, physical therapy, injections and medications. In the most recent relevant PR-2 dated 12/30/14, the injured worker complained of left ankle and foot pain rated 5/10 that increased with activity and decreased with therapy and medications. Magnetic resonance imaging left ankle showed mild tendinitis of the plantar tendon and flexor tendon tendonitis. Current diagnoses included left ankle sprain/strain and left foot plantar fasciitis. The treatment plan included left foot ortho-shock wave therapy once a week for six weeks, acupuncture once a week for six weeks and topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical medication: Gabapentin, Amitriptyline, Dextromethorphan, Cyclobenzaprine, Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

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

Decision rationale: The request is for a compounded topical analgesic containing Gabapentin, Amitriptyline, Dextromethorphan, Cyclobenzaprine and Flurbiprofen. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. 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 compound contains several drugs which are not recommended as a topical analgesic, including Baclofen (not recommended), Gabapentin (not recommended), and Cyclobenzaprine (not recommended). In addition, there is no peer reviewed evidence that Amitriptyline or Dextromethorphan are recommended as topical agents. Thus, the request for the compounded topical analgesic is not medically necessary.