

Case Number:	CM15-0063202		
Date Assigned:	04/09/2015	Date of Injury:	10/24/2013
Decision Date:	05/14/2015	UR Denial Date:	03/30/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 28-year-old male with an industrial injury dated October 24, 2013. The injured worker diagnoses include crush injury of the left foot, foot pain, numbness, myalgia and chronic pain syndrome. He has been treated with diagnostic studies, prescribed medications, home exercise therapy, bone scan and periodic follow up visits. According to the progress note dated 3/24/2015, the injured worker reported left foot pain and numbness in his left calf. The injured worker rated pain a 7/10 without medication and a 3/10 with medication. Pain was noted to be unchanged since last appointment. Objective findings revealed increased pain with range of motion in the left foot, moderate tenderness to palpitation and diminished sensation at top of his foot from hypersensitivity. The treating physician prescribed a compound cream- Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline 120gm with 3 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream- Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline 120gm with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." VOLTAREN (DICLOFENAC) (RECOMMENDED FOR OA) MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for a crush injury to the foot. NSAIDs (RECOMMENDED in OA/tendinitis, NOT RECOMMENDED FOR NEURO) MTUS states regarding topical NSAIDs, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." GABAPENTIN/PREGABALIN (NOT RECOMMENDED) MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." As such, the request for Compound cream-bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine, Pentoxifyline 120gm is not medically necessary.