

Case Number:	CM15-0098368		
Date Assigned:	05/29/2015	Date of Injury:	02/16/2014
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on February 16, 2014. He reported an inversion injury of his left foot and ankle. The injured worker was diagnosed as having a closed fracture of the left cuboid bone, left cuboid pain, and diabetes. Diagnostic studies to date have included x-rays. Treatment to date has included work modifications, Unna boot, splinting, crutches, and medications including pain, anti-epilepsy, and non-steroidal anti-inflammatory. On April 14, 2015, the injured worker complains of continued, constant burning pain on the lateral left aspect of his feet. The physical exam revealed severe forefoot varus of the left foot and burning sensation upon palpation at the left cuboid. The treating physician noted that the orthotics dispensed to the injured worker during the visit appeared too wide for his foot and did not fit well in his extra depth shoes. The treatment plan includes an adjustment of the orthotics and Topical Compound Cream: Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, and Pentoxifylline.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topical compound cream: diclofenac, baclofen, bupivacaine, gabapentin, ibuprofen, pentoxifylline, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Voltaren, Topical Baclofen, Topical Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. 1 Topical compound cream: diclofenac, baclofen, bupivacaine, gabapentin, ibuprofen, pentoxifylline, 120gm is not medically necessary.