

Case Number:	CM15-0099388		
Date Assigned:	06/01/2015	Date of Injury:	07/01/2011
Decision Date:	07/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 52-year-old female who reported an industrial injury on 7/1/2011. Her diagnoses, and/or impressions, are noted to include: plantar fasciitis and acute tenosynovitis. It was noted that the accepted body part for this claim is the right foot. No current imaging studies are noted. Her treatments have included right heel orthotics; right foot strapping; medication management; and rest from, before return to work. The progress notes of 4/15/2015 reported a return visit for evaluation of her right heel pain, with complaints of pain in the right foot and her request for the "PRP" injection, which was denied. The objective findings were noted to include bilateral decreased "DP" & "PT" pulses with instantaneous capillary return; and tenderness to palpation on the plantar aspect of the right heel. The physician's requests for treatments were noted to include a topical analgesic compound "MLK F2 Kit" for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical MLK F2 Kit - Marcaine, Lidocaine, Kenalog, Povidone Iodine, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics lidoderm patches Page(s): 111-113, 56-57.

Decision rationale: The patient complains of right heel and foot pain. The physician is requesting TOPICAL MLK F2 KIT: MARCAINE, LIDOCAINE, KENALOG, POVIDONE IODINE, QTY: 1. The RFA was not made available. The patient's current work status was not provided. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy -tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Review of records do not show that the patient has used this topical compound in the past. Per the 04/15/2015 report, neurological exam was within normal limits. No erythema, no areas of focal edema on the right foot. Tenderness upon palpation in the plantar aspect of the right heel. The patient has utilized PT, orthotics and cortisone. The physician has not provided a rationale for this request. In this case, lidocaine in formulations of creams, lotions or gels is not supported by the guidelines. The request IS NOT medically necessary.