

Case Number:	CM14-0146382		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2004
Decision Date:	10/22/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California, North Carolina, Colorado, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 73 year old male injured on 09/30/04 due to fall from ladder approximately six feet landing on the left foot resulting in fracture of the ankle requiring open reduction and internal fixation (ORIF). Clinical note dated 07/25/14 indicated the injured worker presented complaining of continued foot and increasing heel pain when walking. The injured worker reported the medications helpful and well tolerated including Norco for severe pain, naproxen for pain and inflammation, omeprazole for GI upset caused by chronic non-steroidal anti-inflammatory drugs (NSAIDs) use, and Terocin for superficial nerve pain over the ankle. The injured worker reported ability to walk approximately 10-15 minutes more than before medication use and assist with chores around the house with use of medications. The injured worker rated pain 7/10 without medication and 5/10 with use. Physical examination revealed minor swelling at the medial and lateral aspects of the ankle, pain with plantar and dorsiflexion, decreased range of motion in all directions, and antalgic gait. Diagnosis included arthritis of left ankle, left ankle pain, chronic pain syndrome, superficial nerve pain, and numbness. Treatment plan included Norco for severe pain, naproxen, carpal count compound in place of this new Terocin, and omeprazole. Initial request was non-certified on 08/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of topical compound cream with Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine, and Pentoxifyline: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore topical compound cream with Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine, and Pentoxifyline cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.