MAXIMUS Federal Services

Case Number:	CM13-0013432		
Date Assigned:	09/25/2013	Date of Injury:	06/12/2012
Decision Date:	01/28/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

Patient reported a date of injury of 06/12/2012. Medical file provided for review includes three reports, and only one of the three reports is regarding the issue at hand. Report dated 06/27/2013, by [redacted], states patient presents with residual pain from left great toe surgery (date of surgery not provided). Pain is described as sharp, stabbing, constant and severe. On examination, patient has partial amputation of proximal phalanx of the left great toe. No signs of infection, edema, erythema, induration or drainage noted. Range of Motion (ROM) of the first metatarsal bone is preserved, with a slight decrease in sensation and decrease in motor strength in the left lower extremity. Patient was prescribed Ketoprofen, Cyclophene, Synapryo, Tabradol, Deprizine, Dicopanel, Fanatrex, PT, acupuncture and x-rays. There is no operative report, treatment reports, or any other progress reports provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 prescription of Ketoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM guidelines, Official Disability Guidelines (ODG), National Guideline Clearinghouse and the National Institute of Health PubMed database

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112.

Decision rationale: The report, dated 06/27/2012 by [redacted], states patient has residual pain from left great toe surgery. Pain is described as sharp, stabbing, constant and severe. MTUS states that in regards to topical analgesics, they are largely experimental in use. They are primarily recommended for neuropathic pain when trials for antidepressants and anticonvulsants have failed. Specifically for a topical NSAID's (Ketoprofen is an NSAID), MTUS guidelines, page 112, recommend them for short-term use for diagnoses of peripheral joint osteoarthritis and tendinitis. This patient does not present with osteoarthritis or tendinitis. Recommendation is for denial.

The request for 1 prescription of Cyclophene: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM guidelines, Official Disability Guidelines (ODG), National Guideline Clearinghouse and the National Institute of Health PubMed database.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112.

Decision rationale: Cylophene is a compound topical cream that contains cyclobenzaprine. MTUS guidelines page 112 states under other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Recommendation is for denial.