MAXIMUS Federal Services

Case Number:	CM13-0016479		
Date Assigned:	11/06/2013	Date of Injury:	08/20/2010
Decision Date:	02/26/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic Surgery 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:

The claimant is a 62-year-old injured worker who was injured in a work related accident on 08/20/10. Clinical records provided for review included a May 30, 2013 assessment by [redacted] diagnosed the claimant with chronic strain to the right ankle and an inflammatory process of the bilateral knees. Chief complaints were documented as bilateral knee and right ankle pain, worse with activities with right lower extremity numbness. Physical exam showed a normal gait pattern with no difficulty with heel or toe walking and restricted range of motion noted of the right greater that the left knee from 10 to 130 degrees on the left and 20 to 130 degrees on the right. There was noted to be swelling bilaterally to the knees with tenderness over the medial joint lines. The ankle examination documented restricted right range of motion with tenderness over the inferolateral right ankle. Topical compounding agents were recommended in the form of Flurbiprofen, Lidocaine, Menthol, Camphor and Capzasin as well as a second agent to include Tramadol, Dextromethorphan, Capzasin and LipoBase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 28 days supply of Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.25% compound meds to the right ankle dispensed on 5/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines the topical compound containing Capzasin, Tramadol and Dextromethorphan would not be indicated. The Chronic Pain Medical Treatment Guidelines criteria would not support the role of the above agent as the use of Tramadol is not supported in the topical setting. Furthermore, Capzasin is only indicated in settings where initial courses of first line therapy demonstrate intolerance or have not been responsive. The role of this compounded topical agent would thus not be indicated given the nature of its underlying agents. The request for Flurbiprofen 20%/Lidocaine 5%/Menthol 5%/Camphor 1%, compound meds to the right ankle dispensed on 5/30/13 is not medically necessary and appropriate.

Flurbiprofen 20%/Lidocaine 5%/Menthol 5%/Camphor 1% compound meds to the right ankle dispensed on 5/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines the topical compound containing flurbiprofen, Lidocaine, Menthol and Camphor also would not be indicated. Flurbiprofen is a non FDA approved agent in the topical setting. Lidocaine is only indicated for neuropathic pain after a trial of first line therapy including Tricyclic antidepressants or medication such as Gabapentin or Lyrica. Records in this case do not indicate first line treatment for neuropathic pain or any diagnosis of neuropathic pain. The request for Flurbiprofen 20%/Lidocaine 5%/Menthol 5%/Camphor 1%, compound meds to the right ankle dispensed on 5/30/13 is not medically necessary and appropriate.