

Case Number:	CM13-0018376		
Date Assigned:	12/11/2013	Date of Injury:	01/15/1999
Decision Date:	01/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 patient is a 50-year-old female who reported a work-related injury on 01/15/1999 as the result of a fall. The clinical note dated 09/18/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient had persistent pain of the right foot, right knee pain with swelling, and had been following a course of postoperative physical therapy interventions. The provider documented upon physical exam of the right knee revealed the well-healed arthroscopic portal, tenderness of the right knee joint with minimal swelling. There was positive patellar compression test, pain with terminal flexion with crepitus, no calf tenderness, and a negative Homan's sign. Examination of the right foot revealed tenderness at the right anterolateral aspect of the foot and pain with terminal motion. The provider documented the patient's treating diagnoses included status post right 5th metatarsal fracture and right ankle and foot sprain with plantar fasciitis. The provider administered injections of Toradol and B12 for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Fluribiprofen/Cyclobenzaprine/Capsaicin/Lidocaine liquid: 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 Topical Analgesics Page(s): 111.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues with multiple bodily injury pain complaints status post a work-related injury sustained several years ago. The clinical notes document the patient utilizes tramadol, Anaprox, and Prilosec. The clinical notes did not document that the patient had failed with utilization of oral pain medication to support utilization of the requested topical analgesic. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Guidelines do not support topical applications of cyclobenzaprine. Therefore, given all the above, the request for a compounded Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine liquid is neither medically necessary nor appropriate.

Compounded Ketoprofen/Lidocaine/Capsaicin/Tramadol liquid: 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 Topical Analgesics Page(s): 111.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues with multiple bodily injury pain complaints status post a work-related injury sustained several years ago. The clinical notes document the patient utilizes tramadol, Anaprox, and Prilosec. The clinical notes did not document that the patient had failed with utilization of oral pain medication to support utilization of the requested topical analgesic. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Guidelines do not support topical applications of ketoprofen. Therefore, given all the above, the request for a compounded Ketoprofen/Lidocaine/Capsaicin/Tramadol liquid is neither medically necessary nor appropriate.