

Case Number:	CM13-0045169		
Date Assigned:	12/27/2013	Date of Injury:	07/05/2013
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice 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 patient is a 44-year-old injured worker who reported an injury on 07/05/2013 due to a slip and fall that caused the patient to land on her right side. The patient initially reported injury to her right lower extremity; however, developed left forefoot persistent pain. The patient's most recent clinical evaluation reported that the patient had continued pain complaints rated at a 5/10 to 6/10, exacerbated by walking and ascending or descending stairs. Previous treatments included a cam walker boot. Physical findings included no tenderness about the left ankle with a stable varus/valgus test and anterior/posterior drawer test. The patient did not have any palpable swelling or warmth to the left forefoot, and there were some subjective complaints of decreased sensation in the 4th toe and pain in the plantar aspect of the third and fourth metatarsophalangeal joints. An interoffice x-ray did not reveal any evidence of acute fracture. The patient underwent an MRI in 08/2013 that revealed soft tissue fullness of the third and fourth metatarsal heads that caused suspicion of a Morton's neuroma. The patient was diagnosed with a Morton's neuroma. The patient's treatment plan included medication for pain relief, activity modification as needed and supportive shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Lidocaine5%/Menthol 5%/Camphor 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the topical use of nonsteroidal anti-inflammatory drugs when patients are intolerant to or oral formulations or oral formulations are contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient could not tolerate ibuprofen. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream or gel formulation, as it is not FDA approved for neuropathic pain. The California MTUS states that any compounded medication with 1 drug or drug class that is not recommended by guideline recommendations is not supported. The clinical documentation submitted for review does provide evidence that the patient has ongoing pain complaints. The clinical documentation does note that the patient was previously prescribed ibuprofen as needed for pain control. There is no documentation that the patient failed to respond to this type of medication or that it is contraindicated for this patient. The request for flurbiprofen 25%/lidocaine 5%/menthol 5%/camphor 1% is not medically necessary and appropriate.

Tramadol 15%/Lidocaine 5%/Dextromethorphen 10%/ Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not recommend the use of topical analgesics, as there is little scientific data to support the efficacy of these types of medications. The California MTUS does not recommend the use of capsaicin as a topical agent unless the patient has failed to respond to other first-line treatments. Additionally, California MTUS does not recommend the use of lidocaine in a topical formulation of a cream or gel, as it is not FDA-approved for neuropathic pain. Additionally, peer-reviewed literature does not support the use of tramadol or dextromethorphan is not supported, as there is not sufficient scientific data to support the use of these types of medications in topical formulations. The clinical documentation submitted for review does indicate that the patient has current pain complaints. However, the clinical documentation previously noted that the patient was taking ibuprofen. There is no documentation that the patient's pain has failed to respond to this first-line medication. Furthermore, California MTUS states that any compounded medication that contains at least 1 drug or drug class that is not recommended is not recommended by guideline recommendations. The request for Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025% is not medically necessary and appropriate.

Vicodin 5/500, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend opioids unless there is a failure to respond to other first-line medications. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to nonsteroidal anti-inflammatory drugs, acetaminophen, anti-epileptic drugs, or antidepressants. Therefore, the use of opioids in the management of the patient's acute pain would not be indicated. The request for Vicodin 5/500 mg, quantity 60, is not medically necessary and appropriate.