

Case Number:	CM13-0059474		
Date Assigned:	12/30/2013	Date of Injury:	02/12/1998
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation 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 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 67-year-old male who reported an injury on 02/12/1998. The mechanism of injury was not provided. Current diagnosis is degenerative joint disease of the talonavicular joint. The injured worker was evaluated on 10/15/2013. The injured worker reported intermittent ankle pain. Physical examination revealed minimal talonavicular movement with pain, and negative edema. Treatment recommendations included surgical intervention and a topical pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION- KETOPROFEN 10%, CYCLOBENZAPRINE 3%, LIDOCAINE 2% IN LIPODERM: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended

as a whole. Cyclobenzaprine is not recommended, as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.