

Case Number:	CM13-0060725		
Date Assigned:	04/25/2014	Date of Injury:	12/05/2012
Decision Date:	07/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 48-year-old male who was injured on 12/05/2012. The mechanism of injury is unknown. The diagnosis is left plantar fasciitis. Prior treatment history has included the following medications: Naproxen, Omeprazole 20 mg, and Medrox Pain Relief Ointment 120 gm, Tramadol, and Ketoprofen. The diagnostic studies reviewed include MRI (magnetic resonance imaging) on 06/12/2013 revealing modest nodule consistent with plantar fibromatosis. There was no urine drug study report submitted for review. The progress note dated 06/18/2013 documented the patient with complaints of persistent pain of the left foot. Objective findings on examination of the left foot reveals tenderness at the left foot plantar aspect. There is pain with forced dorsiflexion of the feet. The patient walks with a slight limp favoring the left side. The progress note dated 06/26/2013 documented the patient with complaints of his pain getting worse with a painful bottom of the arch and heel on the left foot. Objective findings on exam reveal bilateral foot dorsiflexors, bilateral foot plantar flexors, bilateral foot inverters and bilateral foot evertors muscle strength is 5/5 and not painful versus resistance. Muscle tone is normal. Inspection and palpation of bones, joints and muscles is unremarkable except for the chief complaint. Painful plantar fascia to palpate from the plantar medial heel along the arch on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOP/LIDOC/CAP/TRAM (MED) 15%/1%/0.012/5%, DOS:10/3/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

Decision rationale: Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Ketoprofen is not FDA approved for a topical application. The medical records document there has been no objective functional improvement from the topical (compounded) analgesic. The medical necessity for the requested item was not established. Thus the request is not medically necessary.

FLUR/CYCLO/CAPS/LID (NEW) 10%/2%/0.0125%/1%, DOS: 10/3/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

Decision rationale: Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounded medication Flurbiprofen, cyclobenzaprine and Lidocaine is not recommended and are not FDA approved. The medical records document there has been no objective functional improvement from the topical (compounded) analgesic. The medical necessity for the requested item was not established. Thus the request is not medically necessary.

