

Case Number:	CM14-0004784		
Date Assigned:	01/24/2014	Date of Injury:	11/30/2011
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 42-year-old-female who has submitted a claim for s/p bilateral malleolar fracture with open reduction internal fixation (ORIF), s/p removal of hardware right ankle associated with an industrial injury date of 11/30/11. Medical records from 2013 were reviewed which revealed persistent pain on the right ankle aggravated by standing, walking, kneeling, squatting, lifting, bending and ascending and descending stairs. Physical examination showed well-healed scar of the right ankle. There is minimal swelling and limited range of motion. Patient walks with a limp favoring the right side. Treatment to date has included, open reduction internal fixation of bilateral malleolar fracture, removal of hardware of right ankle and physical therapy sessions. Medications taken were Naproxen Sodium 550mg/tablet, Medrox patch, Omeprazole delayed-release capsules 20 mg, Ondansetron 4 mg, Cyclobenzaprine HCL 7.5mg and Tramadol HCL. Utilization review from 12/17/13 denied the request for Ketoprofen, Lidocaine, Capsaicin, Tramadol Spray, Flurbiprofen, Cyclobenzaprine (Topical Analgesic) because these compounds are not supported by guidelines as topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN,LIDOCAINE,CAPSAICIN,TRAMADOL SPRAY,
FLURBIPROFEN,CYCLOBENZAPRINE (TOPICAL ANALGESIC): Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding Ketoprofen, it is not FDA approved for topical treatment, as there is extremely high incidence of photo contact dermatitis. Lidocaine topical formulations (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain. Regarding Capsaicin component, CA MTUS identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding Tramadol Spray, it is likewise not recommended for topical use. Regarding Flurbiprofen, guidelines support limited list of NSAID topical, which does not include Flurbiprofen. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support its use as a topical compound. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for Ketoprofen, Lidocaine, Capsaicin, Tramadol Spray and Flurbiprofen, Cyclobenzaprine (topical analgesic) are not medically necessary and appropriate.