

Case Number:	CM14-0105376		
Date Assigned:	07/30/2014	Date of Injury:	07/27/2012
Decision Date:	09/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and 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:

According to the records made available for review, this is a 35-year-old female with a 7/27/12 date of injury, and status post left ankle open reduction internal fixation (undated). At the time (5/27/14) of request for authorization for Flurbiprofen 20%, Tramadol 15% Compounded (quantity not provided) and Unna Boot, there is documentation of subjective (left ankle pain rated 3-4/10) and objective (muscle testing 4/5 of tibialis anterior, tibialis posterior, peroneus longus and brevis, gastrocnemius and soleus muscles on left, moderately hypersensitive of the lateral sural and sural nerves, hyposensitive of the superficial and deep peroneal nerves on the left, mildly hypersensitive of the medial and lateral plantar nerves, and medial and lateral calcaneal nerves on the left, edema of the left lateral ankle improved since last visit, positive cicatrix of the left lateral ankle, bilateral pes planus deformity, tenderness to palpation over left ankle and left plantar fascia, antalgic gait, and left ankle range of motion guarded) findings, current diagnoses (status post left ankle fracture, left bursitis, left capsulitis, left myalgia, left plantar fasciitis, radiculopathy with neuropathy, and pain), and treatment to date (surgery, physical therapy, ankle brace, orthotics, and medications (topical creams)). Regarding Unna boot, there is no documentation of a condition/diagnosis for which Unna boot is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 15% Compounded (quantity not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20%, Tramadol 15% Compounded (quantity not provided) is not medically necessary.

Unna Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://patienteducation.osumo.edu/Documents/unna-botts.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.fpnotebook.com/surgery/pharm/unsbt.htm>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Unna boot is indicated (such as: refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis), as criteria necessary to support the medical necessity of Unna boot. Within the medical information available for review, there is documentation of diagnoses of status post left ankle fracture, left bursitis, left capsulitis, left myalgia, left plantar fasciitis, radiculopathy with neuropathy, and pain. However, there is no documentation of a condition/diagnosis for which Unna boot is indicated (refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis). Therefore, based on guidelines and a review of the evidence, the request for Unna Boot is not medically necessary.