

Case Number:	CM14-0109260		
Date Assigned:	09/19/2014	Date of Injury:	12/06/2010
Decision Date:	12/31/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Interventional Spine 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 patient is a 63-year-old female with date of injury of 12/06/2010. The treating physicians listed diagnoses from 05/23/2014 are: 1. Medial malleolus fracture of the right ankle2. Status post open reduction internal fixation (ORIF), right ankle from 12/23/20103. Sprain/strain was tenosynovitis, right ankle4. Acute tendinitis, right ankle. According to this report the patient complains of a recent flare-up of her right foot/ankle pain that is moderate to severe in nature with associated swelling, numbness, tingling and residual limp. The patient states that her right foot/ankle pain symptoms continue to be exacerbated with prolonged standing, stair climbing, and prolonged walking. She does report occasional episodes of G.I. upset/dyspepsia with her anti-inflammatory medications. The examination shows residual swelling in the right foot/ankle region. Tenderness to palpation noted over the dorsum of the right foot as well as over the medial and lateral aspects of the right ankle; decreased range of motion noted on dorsiflexion, plantar flexion, inversion, and eversion of the patient's right ankle secondary to pain; difficulty with squatting and standing on her tiptoes secondary to her right foot/ankle pain; residual antalgic gait favoring the patient's right lower extremity. The documents include urine drug screens from 01/05/2014 to 03/08/2014 and progress reports from 02/07/2014 to 05/23/2014. The utilization review denied the request on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto 10% Cyclo 10%, Flurbiprofen 10%, Capsaicin 0.025mg, Menthol 0.05mg, Camphor 0.05mg: 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.

Decision rationale: This patient presents with right foot/ankle pain. The treater is requesting a compound cream Keto 10%, Cyclo 10%, Flurbiprofen 10%, Capsaicin 0.025 MG, Menthol 0.05mg, and Camphor 0.05mg from the 05/23/2014 report. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Given that Ketoprofen and Cyclobenzaprine are not recommended in topical formulations, therefore, the requested medication is not medically necessary.