MAXIMUS Federal Services

Case Number:	CM14-0109928		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2014
Decision Date:	10/23/2014	UR Denial Date:	06/12/2014
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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 03/03/2014. The injured worker indicated that he was standing on a ladder trying to retrieve a box of air filters from an overhead rack, when the ladder he was standing on began to shake. He lost his balance and awkwardly twisted his left ankle, at which time he felt a crack on the ankle and immediately experienced a sharp pain. The injured worker's treatment history included x-rays, ankle brace, physical therapy, and medications. The injured worker was evaluated on 05/27/2014, and it was documented that the injured worker complained of pain in the low back rated at 7/10 and left ankle pain rated at 9/10 on the pain scale. There was cramping of the leg and foot as well as the toes while driving or just lying down. Physical examination of the lumbar spine revealed paraspinal spasm and tenderness. There was sciatic notch tenderness bilaterally. The lumbar range of motion was as follows: flexion was 40 degrees, extension was 10 degrees, right lateral bending was 10 degrees, and left lateral bending was 15 degrees. Physical examination of the left foot revealed tenderness to palpation over the lateral malleolus. The left foot range of motion was as follows: dorsiflexion was 15 degrees, plantar flexion was 20 degrees, foot inversion was 10 degrees, and foot eversion was 15 degrees. Reflexes were 1+ at the knee and 1+ at the Achilles. Motor examination was 5/5 in all muscle groups except for the extensor hallucis longus and tibialis anterior of the left side. The deep tendon reflex was 1+ at the patellar tendon and the Achilles tendon. Diagnoses included interim healing of the lateral malleolus fracture on the left side, lumbar musculoligamentous strain/sprain, and rule out annular tear and disc herniation, and controlled hypertension. Treatment plan included topical creams. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 percent Cyclobenzaprine 10 percent Capsaicin 0.0375 percent cream 120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics ;Topical Cyclobenzaprine; Lidocaine; Topical Capsaicin Page(s):.

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration...California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The request that was submitted for review failed to indicate the injured worker's having a diagnosis of neuropathic pain. Additionally, the request failed to indicate the body part where topical cream is supposed to be applied to the injured worker. As such, the request for gabapentin 10%, cyclobenzaprine 10%, and capsaicin 0.0375% cream 120 g is not medically necessary.

Ketoprofen 20 percent Ketamine 10 percent cream 120gm: 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; Ketoprofen ; Ketamine Page(s): 111; 112; 113.

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. On the rationale that was submitted, the provider failed to indicate a diagnosis of neuropathic pain for the injured worker. Additionally, the request that was submitted failed to include the body part where the topical cream is supposed to be applied. As such, the request for ketoprofen 20% and ketamine 10% cream 120 g is not medically necessary.

Flurbiprofen 20 cream 120gm: 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; Flurbiprofen Page(s): 111; 72.

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The request that was submitted failed to include the body part where the topical cream is supposed to be applied. Furthermore, the provider failed to indicate a diagnosis for the injured worker for neuropathic pain or failed antidepressants or anticonvulsants. As such, the request for flurbiprofen 20 cream 120g is not medically necessary.