

Case Number:	CM14-0010167		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2011
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 51 year-old male who is reported to have sustained work related injuries on 03/03/11. On the date of injury the injured worker was carrying a trash can, stepped over a forklift blade and tripped sustaining an injury to the left foot. The injured worker has a diagnosis of plantar fibroma. There has been a discussion regarding the performance of a plantar fasciotomy. The record reports pain levels of 5-6/10. On examination there is diffuse tenderness over the sole of the foot. The injured worker has been prescribed topical creams which are reported to have provided benefit. The record contains a prior utilization review dated 01/07/14 in which requests for Fluriflex cream 180 grams and TGICE cream were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLURIFLEX CREAM 180GM, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications

Decision rationale: The request for Fluriflex cream 180 grams is not supported as medically necessary. The California Medical Treatment Utilization Schedule (CAMTUS) guidelines, the Official Disability Guidelines (ODG) and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: flurbiprofen and flexeril which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.

PRESCRIPTION OF TGICE CREAM 180GM, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

Decision rationale: The request for TGICE cream 180 grams is not supported as medically necessary. The California Medical Treatment Utilization Schedule (CAMTUS), the Official Disability Guidelines (ODG), and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The records fail to provide any quantitative data to establish the efficacy of this cream in the treatment of his chronic plantar pain. As such the medical necessity for the continued use of this cream has not been established. The request is not medically necessary and appropriate.