

Case Number:	CM14-0116676		
Date Assigned:	08/04/2014	Date of Injury:	12/03/2011
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 45 year-old female who reported an injury on 12/03/2011 reportedly while unloading and stacking pallets. One of the pallets fell on her and she injured her left foot. The injured worker was evaluated on 05/21/2014, and it was documented that the injured worker complained of left foot and ankle pain, which is always there when she wakes up. Physical examination of the lumbosacral spine reveals tenderness to palpation from L1 to the sacrum and there were spasms bilaterally. The range of motion of the lumbar spine was unrestricted. The injured worker could flex to within 3 inches of the floor; 80 degrees. Physical examination revealed the left ankle had slight swelling and slight muscle atrophy in the ankle and foot. There was pain in the achilles on deep palpation and pain on the plantar fascia region especially in the calcaneus. There was full and painless range of motion of the ankle. Medications included Medrox ointment. Diagnoses included left ankle sprain, left ankle contusion, left side plantar fasciitis, and left achilles tendonitis. Within the documentation the provider noted the injured worker was scheduled for acupuncture treatment. The request for authorization was not submitted for this review. Rationale for the Medrox ointment was for painful muscle, joint and nerves, which was achieved as a result of the analgesic anti-inflammatory and anesthetic properties of Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% ointment 100gm: 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): 111-113.

Decision rationale: The MTUS guidelines state topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal anti-inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted lacked of evidence as outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for Flurbiprofen 20% ointment 100gm is not medically necessary.