

Case Number:	CM14-0120586		
Date Assigned:	08/06/2014	Date of Injury:	12/08/2013
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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:

The injured worker is a 58-year-old female who reported an injury on 12/08/2013, the mechanism of injury is not provided. On 05/12/2014, the injured worker presented with improvement in foot complaints. Upon examination of the dorsalis pedis and posterior tibial pulses were 2+/4 and palpable bilaterally. The capillary refill is immediate in digits 1 through 5 bilaterally. Deep tendon reflexes for the Achilles and patellar tendons are 2+/4 bilaterally. The injured worker presented demonstrating symptomologies of improvement of the right foot and demonstrated continuation of pain in the way she ambulated across the top of the foot as well as to the right hip and right leg. The diagnoses were a contusion to the right foot, strained/pain of the foot, fracture of the 5th toe right proximal phalanx. Current medications included a Medrol Dosepak. The provider recommended a topical compounded cream, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 1%, Lidocaine 5% (FCL) 240gm 99070 with 2 refills:
Upheld

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

based on Non-MTUS Citation ODG Pain (updated 6/10/14) Compound drugs; Criteria for Compound drugs.

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

Decision rationale: The request for Flurbiprofen 20 percent Cyclobenzaprine 1 percent Lidocaine 5 percent (FCL) 240gm 99070 with 2 refills is not medically necessary. California MTUS Guidelines say that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pains 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. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints amiable to topical treatment. It is recommended for short-term use, usually 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, and prostanoids. There is little to no research to support the use of many of these agents. The provider's request does not indicate the site the medication was intended for or the frequency in the request as submitted. As such, the request is not medically necessary.