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| Case Number: | CM14-0121956 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 07/08/2013 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 Occupational Medicine 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:

This is a 26-year-old male with a 7/8/13 date of injury. The mechanism of injury occurred when he was driving a forklift, when he was reversing; it didn't stop and smashed his foot onto the rail and racking beam. According to a progress report dated 6/23/14, the patient complained of constant foot pain rated an 8-9/10 associated with numbness and tingling. It was aggravated by prolonged standing, walking, and squatting. Objective findings: tenderness of ankle to palpation, swelling of ankle. Diagnostic impression: sprain/strain of left foot. Treatment to date: medication management, activity modification. A UR decision dated 7/29/14 denied the request for Compound Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2% 240gm jar. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2% 240gm jar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Gabapentin and Cyclobenzaprine in a topical formulation. A specific rationale identifying why this medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Compound Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2% 240gm jar was not medically necessary.