

Case Number:	CM14-0135470		
Date Assigned:	08/29/2014	Date of Injury:	01/20/2009
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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:

This 43 year-old patient sustained an injury on 1/20/09 from stepping on gravel with left foot twisted while employed by [REDACTED]. Request(s) under consideration include Medication- Topical Compound: GGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams and Medication- Topical Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams. Diagnoses include Foot pain/ RSD/ Fifth metatarsal fracture s/p left foot ORIF and Morton's neuroma excision; depression. Conservative care has included medications, physical therapy (18 sessions), neuroma injections with excision on 6/11/10; CAM walker boot, warm compresses, ultrasound, fragment removal surgery on 5/20/11 with peroneous brevis reinsertion on 6/22/11 with post-op PT, and modified activities/rest. Current exam showed tenderness at ankle/foot over plantar fascia of left foot; decreased range bilaterally with left ankle limited by pain in all directions; ROM of foot digits intact with positive inversion test. The request(s) for Medication- Topical Compound: GGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams and Medication- Topical Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams were non-certified on 5/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Compound: GGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Compound: Chronic Pain subsection under Medication-Compound Drugs.

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

Decision rationale: This 43 year-old patient sustained an injury on 1/20/09 from stepping on gravel with left foot twisted while employed by [REDACTED]. Request(s) under consideration include Medication- Topical Compound: GGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams and Medication- Topical Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams. Diagnoses include Foot pain/ RSD/ Fifth metatarsal fracture s/p left foot ORIF and Morton's neuroma excision; depression. Conservative care has included medications, physical therapy (18 sessions), neuroma injections with excision on 6/11/10; CAM walker boot, warm compresses, ultrasound, fragment removal surgery on 5/20/11 with peroneus brevis reinsertion on 6/22/11 with post-op PT, and modified activities/rest. Current exam showed tenderness at ankle/foot over plantar fascia of left foot; decreased range bilaterally with left ankle limited by pain in all directions; ROM of foot digits intact with positive inversion test. The request(s) for Medication- Topical Compound: GGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams and Medication- Topical Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams were non-certified on 5/1/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of capsaicin 0.05% formulation nor anti-epileptic medication Gabapentin or topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2009. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Medication- Topical Compound: GGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams is not medically necessary and appropriate.

Medication-Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain subsection under Medication-Compound Drugs.

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

Decision rationale: This 43 year-old patient sustained an injury on 1/20/09 from stepping on gravel with left foot twisted while employed by [REDACTED]. Request(s) under consideration include Medication- Topical Compound: GGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams and Medication- Topical Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams. Diagnoses include Foot pain/ RSD/ Fifth metatarsal fracture s/p left foot ORIF and Morton's neuroma excision; depression. Conservative care has included medications, physical therapy (18 sessions), neuroma injections with excision on 6/11/10; CAM walker boot, warm compresses, ultrasound, fragment removal surgery on 5/20/11 with peroneus brevis reinsertion on 6/22/11 with post-op PT, and modified activities/rest. Current exam showed tenderness at ankle/foot over plantar fascia of left foot; decreased range bilaterally with left ankle limited by pain in all directions; ROM of foot digits intact with positive inversion test. The request(s) for Medication- Topical Compound: GGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams and Medication- Topical Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams were non-certified on 5/1/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The Medication- Topical Compound - FlurFlex (Flurbiprofen 10%-Cyclobenzaprine 10%) 180 grams is not medically necessary and appropriate.