MAXIMUS Federal Services

Case Number:	CM14-0150323		
Date Assigned:	09/18/2014	Date of Injury:	01/08/2013
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 A, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54 year old patient had a date of injury on 1/8/2013. The mechanism of injury was she tripped over uneven ground and twisted her right ankle, landing on right knee and impacting head. In a progress noted dated 8/19/2014, the patient complains of pain in low back, which 8/10 is. It is described as constant and dull with pressure. She has right ankle numbness, which is described as sharp and achy, rated as 8/10. On a physical exam dated 8/19/2014, the patient is on Nizatine 100mg, ointments, patches and occasionally Motrin. There is diffuse tenderness noted over the lumbar paravertebral musculature, and moderate facet tenderness over the L4 through S1 spinous processes. The diagnostic impression shows right piriformis syndrome, right knee sprain/strain, right ankle plantar fasciitis. Treatment to date: medication therapy, behavioral modification, physical therapy, chiropractic therapy. A UR decision dated 8/29/2014 denied the request for Flurbiprofen PA compound #180x1, stating there is no evidence of neuropathic pain in this patient, and no evidence oral medications have failed. Terocin 4% patches #30x1 were denied, stating there was no evidence of neuropathic pain in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen PA Compound #180 with one refill: Upheld

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

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. In the 8/19/2014 progress report, there was no clear evidence this patient suffered from neuropathic pain. Furthermore, the patient is noted to be on the oral NSAID motrin occasionally to control pain symptoms. Therefore, the request for Flurbiprofen PA compound #180 x1 was not medically necessary.

Terocin 4% PS #30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In the 8/19/2014 progress report, there was no clear evidence that this patient suffered from neuropathic pain. Furthermore, there was no documentation of a failure of a 1st line oral analgesic such as Gabapentin or Lyrica. Therefore, the request for Terocin 4% patches #30x1 was not medically necessary.