MAXIMUS Federal Services

Case Number:	CM14-0150795		
Date Assigned:	09/22/2014	Date of Injury:	12/09/1997
Decision Date:	10/23/2014	UR Denial Date:	08/30/2014
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 Emergency Medicine, and is licensed to practice in Texas. 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 46-year-old female who reported an injury on 12/09/1997 due to an unknown mechanism. Diagnoses were plantar fasciitis of bilateral feet, sprain/strain of bilateral feet, and painful gait. Physical examination on 05/20/2014 revealed the injured worker was regarding a decision for surgery secondary due to lack of other treatment intervention. It was reported that the injured worker had not improved. The injured worker was wearing orthotics. The injured worker continued to demonstrate significant pain to her feet and stated that she wanted to proceed with surgical intervention. All epicritic sensations were intact, including light touch, sharp/dull, proprioception, and vibratory. Muscle testing was 5/5 bilaterally. The injured worker demonstrated pain to be the medial and central bands of the plantar fascia, with an increase in symptoms on activation of the windlass mechanism of injury. Treatment plan was for surgical intervention. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Cyclobenzaprine/Lidocaine/Ethoxy Diglycol liquid/Lipo-Max cream (duration and frequency unknown) (DOS 4/9/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 122, 137.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, , Lidocaine, Page(s): 111,112 72,.

Decision rationale: The decision for retrospective request for flurbiprofen/cyclobenzaprine/Lldocaine/ethoxy diglycol liquid/Lipo-Max cream (duration and frequency unknown) (DOS 4/9/2014) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that. Topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. This agent is not currently FDA-approved for a topical application. FDA-approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The request does not indicate a frequency or a quantity for the medication. The efficacy of this medication was not reported. The medical guidelines do not support the use of compounded topical analgesics. Usage outside the current guidelines was not justified. Therefore, this request is not medically necessary.