

Case Number:	CM14-0158007		
Date Assigned:	10/01/2014	Date of Injury:	08/03/2013
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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:

This 48 year-old patient sustained an injury on 8/3/13 from a fall while employed by [REDACTED]. Request(s) under consideration include Retrospective request for compound topical medications, cyclobenzaprine 2%, flurbiprofen 25%, mediderm base 240 gm 2 refills and capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 240 gm (DOS unknown). Diagnosis include right ankle sprain s/p ORIF right tibial plateau fracture 8/23/13. Consideration was made for removal of hardware; however, patient was recently diagnosed with Diabetes Mellitus. MRI of left knee showed s/p ORIF of left proximal tibia and ferromagnetic artifact involving left proximal fibula in satisfactory alignment since prior CT scan of 8/9/13. Reports of 11/15/13 and 1/15/14 from the providers noted the patient with complaints of pain with activity. Exam showed patient on crutches with brace. It was documented the patient did not need any medication. Request included retrospective topical compound. Report of 7/25/14 had treatment recommendation for request for left knee surgery with meniscectomy, chondroplasty, fasciotomy laterally, arthrotomy and synovectomy with hardware removal procedure. There is history of PE and he will be off Coumadin. The request(s) for Retrospective compound topical medications, cyclobenzaprine 2%, flurbiprofen 25%, mediderm base 240 gm 2 refills and capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 240 gm (DOS unknown) was non-certified on 9/19/14 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:

Retrospective request for compound topical medications, cyclobenzaprine 2%, flurbiprofen 25%, mediderm base 240 gm 2 refills and capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 240 gm (DOS unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (compounded).

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

Decision rationale: This 48 year-old patient sustained an injury on 8/3/13 from a fall while employed by [REDACTED]. Request(s) under consideration include Retrospective request for compound topical medications, cyclobenzaprine 2%, flurbiprofen 25%, mediderm base 240 gm 2 refills and capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 240 gm (DOS unknown). Diagnosis include right ankle sprain s/p ORIF right tibial plateau fracture 8/23/13. Consideration was made for removal of hardware; however, patient was recently diagnosed with Diabetes Mellitus. MRI of left knee showed s/p ORIF of left proximal tibia and ferromagnetic artifact involving left proximal fibula in satisfactory alignment since prior CT scan of 8/9/13. Reports of 11/15/13 and 1/15/14 from the providers noted the patient with complaints of pain with activity. Exam showed patient on crutches with brace. It was documented the patient did not need any medication. Request included retrospective topical compound. Report of 7/25/14 had treatment recommendation for request for left knee surgery with meniscectomy, chondroplasty, fasciotomy laterally, arthrotomy and synovectomy with hardware removal procedure. There is history of PE and he will be off Coumadin. The request(s) for Retrospective compound topical medications, cyclobenzaprine 2%, flurbiprofen 25%, mediderm base 240 gm 2 refills and capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 240 gm (DOS unknown) was non-certified on 9/19/14. 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 chronic 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 August 2013 without documented functional improvement from treatment already rendered. The Retrospective request for compound topical medications, cyclobenzaprine 2%, flurbiprofen 25%, mediderm base 240 gm 2 refills and capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 240 gm (DOS unknown) is not medically necessary and appropriate.