MAXIMUS Federal Services

Case Number:	CM14-0167483		
Date Assigned:	10/14/2014	Date of Injury:	04/22/2014
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Orthopaedic Surgery 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 62-year-old male sustained an industrial injury on 4/22/14. Injury occurred when he slipped off a ladder and fell approximately 6 to 7 feet, landing on his right leg. He sustained a comminuted fracture of the distal diaphysis of the right fibula with disrupted ankle mortise and medial dislocation of the tibia. The patient underwent open reduction and internal fixation of the right medial malleolus and distal fibula on 4/23/14.The 9/4/14 treating physician progress report cited continued swelling and discomfort around the incision area. The patient had completed physical therapy. Physical exam documented moderate residual lateral ankle swelling with good strength in dorsiflexion and plantar flexion. The treatment plan included an anti-inflammatory compound, continued home physical therapy, and final exam in 4 to 6 weeks. The 9/30/14 utilization review denied the request for topical compound cream containing Flurbiprofen 20%, Tramadol 5%, Cyclobenzaprine 2%, and Baclofen 2% as there was no guideline support for the efficacy of topical compounded preparations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Flurbiprofen 20%, Tramadol 5%, Cyclobenzaprine 2%, Baclofen 2% #360 grams times 1 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 Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines indicate that topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There are no high-quality literary studies or guidelines which support the safety or efficacy of tramadol utilized topically. Flurbiprofen is not on the list of approved topical non-steroidal anti-inflammatory drugs. Guidelines state there is no evidence for use of a muscle relaxant, such as Cyclobenzaprine, as a topical product. Topical Baclofen is not recommended. Given the absence of guideline support for all components of this product, this product is not recommended by guidelines. Therefore, this request is not medically necessary.