

Case Number:	CM14-0022985		
Date Assigned:	05/14/2014	Date of Injury:	05/09/2013
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine, 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 is a 37 year-old male with a 5/9/13 date of injury to the left foot after inverting it on a piece of cardboard. The patient was seen on 12/13/13 with complaints of left foot pain 8/10. Exam findings revealed antalgic gait with decreased range of motion of the knees and left ankle with tenderness of the fifth metatarsal secondary to temperature decrease in the left foot. The diagnosis is CRPS 1, and ankle strain. Treatment to date: physical therapy, medications, CA boot, and work modification. An adverse determination was received on 2/12/14 given MTUS guidelines do not support the use of these medications as they contain components that are not approved for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS: COMPOUND (FLURBIPROFEN 25% AND DICLOFENAC 10%) 240 GRAMS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: The California 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, 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. This medication contains topical Flurbiprofen and Diclofenac, which is not supported for use in a cream or gel formulation per MTUS guidelines. Therefore, the request for compound (flurbiprofen 25% and diclofenac 10%) 240 grams is not medically necessary.

MEDS: COMPOUND (CAPSAICIN .0375%, MENTHOL 10%, CAMPHOR 2.5%, TRAMADOL 20%) 240 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: The California 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, 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. This medication contains topical Capsaicin greater than 0.025% and Tramadol, which are not supported per MTUS guidelines. Therefore, the request for capsaicin .0375%, menthol 10%, camphor 2.5%, tramadol 20%) 240 grams is not medically necessary.