

Case Number:	CM14-0029253		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2013
Decision Date:	08/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 54 year old female with date of injury 1/10/2013. The mechanism of injury is not stated in the available medical records. She has complained of right ankle pain since the date of injury. The patient has been treated with physical therapy and medications. An MRI of the right ankle revealed tendinosis of the peroneus longus tendon, hypertrophic changes at the posterior subtalar joint and talonavicular joint and an inferior calcaneal heel spur. The patient had tenderness to palpation of the anterior right ankle joint line, positive anterior drawer sign right ankle. The patient's diagnosis was a right ankle sprain. The current request is for Flurbiprofen /Tramadol /Gabapentin/ Dextromethorphan /Amitriptyline 240gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med compound topical cream:

Flurbiprofen/Tramadol/Gabapentin/Dextromethorphan/Amitriptyline 240 gms: Upheld

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

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

Decision rationale: On the basis of the MTUS Chronic Pain Medical Treatment Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS Chronic Pain Medical Treatment Guidelines, Flurbiprofen /Tramadol /Gabapentin/ Dextromethorphan /Amitriptyline 240gms is not medically necessary.