

Case Number:	CM14-0034927		
Date Assigned:	06/23/2014	Date of Injury:	12/01/2005
Decision Date:	08/06/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 55 year old male injured on 12/01/05 due to a fall resulting in talus fracture. The injured worker was status post right ankle arthrodesis with fibrous union and left total knee arthroplasty. Clinical note dated 01/14/14 indicated the injured worker presented complaining of dull to sharp pain in the left knee with numbness and tingling in the left toes and dull to sharp pain in the right ankle with associated swelling. Physical examination revealed ability to walk on heels and toes with some difficulty, ability to deep knee bend approximately 25% with provocation of pain to the right ankle, swelling of knees bilaterally, and tenderness of lateral joint line on the left side. Treatment recommendations included surgical consultation for right ankle and compounded topical analgesic containing Flurbiprofen, Lidocaine, Menthol, Camphor, Capsaicin, Tramadol, Dextromethorphan, Capsaicin and Lipobase. Initial request for Cyclobenzaprine 7.5mg #60, Flurbiprofen, and Tramadol was non-certified on 02/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the physical examination failed to provide objective findings significant for spasm necessitating the use of muscle relaxants. As such, the request is not medically necessary.

Flubiprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Based on clinical documentation the prior requests included topical analgesic containing Flurbiprofen, Lidocaine, Menthol, Camphor, and Capsaicin. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use to include Flubiprofen. As such, the request is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Based on clinical documentation the prior requests included topical analgesic containing Tramadol, Dextromethorphan, Capsaicin and Lipobase. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use to include tramadol. Therefore, the request is not medically necessary.

