MAXIMUS Federal Services

Case Number:	CM14-0038674		
Date Assigned:	09/05/2014	Date of Injury:	02/09/2012
Decision Date:	10/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Colorado. 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 64 year old male with a reported 2/9/12 industrial work injury. Most recent medical records report continued complaints of achy dull right ankle pain and dull pain in the dorsum of foot with medications offering only temporary relief. An examination reports tenderness of ankle, reduced range of motion, positive drawer test, foot and well healed burns with tenderness, sensation intact. The diagnoses are burns of foot, right ankle sprain, right ankle Achilles tendinitis, right osteoarthritis, right foot internal derangement and plantar fasciitis. Recommendation is for podiatry referral, medications and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, compound, date of service 11/25/13.: 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, Gabapentin (Neurontin), Tramadol (Ultram) Page(s): 49, 111, 113.

Decision rationale: Retrospective request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, compound, date of service 11/25/13 is not medically necessary. It is unclear as to what is the

specific diagnosis for which this medication is being prescribed. This is a 2 year old injury and the diagnosis is noted as healed burn, ankle sprain, osteoarthritis and Achilles tendinitis. The medical treatment guidelines do not recommend use of topical medications as a first course of treatment and it is utilized for neuropathic (nerve generated) pain. The information provided does not support a neuropathic (nerve) condition; there is no indication of failure of oral medications. Thus, the diagnosis indicated in the medical records does not support the use of this topical medication per the medical treatment guideline criteria.

Retrospective request for Cyclobenzaprine 2% and Flurbiprofen 25% compound, date of service 11/25/2013.: 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, Cyclobenzaprine (Flexeril), Page(s): 41, 111.

Decision rationale: Retrospective request for Cyclobenzaprine 2% and Flurbiprofen 25% compound, date of service 11/25/2013 is not medically necessary. The prescribing of this topical medication is not supported by the medical treatment guidelines. The medical records reflect a diagnosis of healed burn, ankle sprain 2 years prior, osteoarthritis and Achilles tendinitis. The medical treatment guidelines do not support the use of topical medications as a first line of treatment and they are typically utilized in special circumstances when oral medications are not tolerated or have failed and in conditions with a diagnosis of neuropathic (nerve pain). The information in the medical records does not reflect that oral medications have been attempted or have failed or special circumstances requiring the use of topical medications. There is no diagnosis of neuropathic pain. In general topical medications are experimental with little documentation as to efficacy and safety. It is additionally noted that Cyclobenzaprine is a muscle relaxant and there are no findings of muscular spasm requiring a relaxant. The use of this medication is not supported topically.