

Case Number:	CM14-0046801		
Date Assigned:	07/02/2014	Date of Injury:	04/24/2003
Decision Date:	10/16/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 56-year-old female who reported an injury on 04/24/2003 due to an unknown mechanism. Diagnoses were chronic pain syndrome, and reflex sympathetic dystrophy of lower extremity. Medications were compounded medication cream, ibuprofen, lidocaine 5% topical ointment, and Norco 10/325 mg. Surgical history was ankle surgery multiple times. Physical examination on 03/17/2014 revealed complaints of lower extremity pain. It was reported that the injured worker started wearing a boot on the left foot again due to increased pain while walking on uneven ground as well as balance difficulty due to pain in the left lower extremity. The injured worker has gone to 5 out of 6 physical therapy sessions. The injured worker has not been doing exercises at home due to pain. Examination of the foot revealed arthralgia noted in the left ankle, joint swelling of the left ankle joint, joint tenderness of the left ankle joint, and muscle spasms noted in the toes of the left foot. The treatment plan was for anti-inflammatory medication. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: The decision for Ibuprofen 600 mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request for Ibuprofen 600 mg is not medically necessary.

Compounded Med Meloxicam/Lamotrigine/Lidocaine/Prilocaine 0.09/2.5/2.2% Cream with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, Lidocaine, Topical salicylate, P.

Decision rationale: The decision for Compounded Med Meloxicam/Lamotrigine/Lidocaine/Prilocaine 0.09/2.5/2.2% Cream with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica). No other commercial approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The Guidelines recommend treatment with topical salicylates. The medical Guidelines do not support the use of compounded topical analgesics. There were no other significant factors provided to justify the use outside of current Guidelines. Therefore, the request for Compounded Med Meloxicam/Lamotrigine/Lidocaine/Prilocaine 0.09/2.5/2.2% Cream with 1 refill is not medically necessary.