

Case Number:	CM14-0055490		
Date Assigned:	07/09/2014	Date of Injury:	09/12/2013
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation, 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 49-year-old male who reported an injury on 09/10/2013 due to tripping over an aluminum pipe. On 02/19/2014, he reported intermittent right knee pain, continuous left foot/ankle pain, anxiety, depression, insomnia, and nervousness. A physical examination revealed a well-healed surgical scar, 2+ swelling, and tenderness over the left medial/lateral ankle, Achilles, plantar ligament, and dorsum of the foot. Range of motion to the ankle and foot was documented as 10 degrees with flexion, 15 degrees with extension, 15 degrees with varus, 10 degrees with valgus; all movements were associated with pain. A positive drawer's and Tinel's sign was also noted. On 02/19/2014, an x-ray of the left foot was performed and revealed degenerative enthesopathic changes, heel spurs, calcaneal attachment sites of the Achilles tendon and plantar fascia. His diagnoses included left ankle and foot sprain and strain. The treatment plan was for Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream #210 g and Amitriptyline/Dextromethorphan/Gabapentin 10/10/10 #210 g. The Request for Authorization form was signed on 02/19/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4 % cream #210 g: 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): 111-114.

Decision rationale: The request for Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream #210 g is not medically necessary. On 02/19/2014, the injured worker reported right knee pain and continuous left foot/ankle pain. A physical examination of the ankle and foot revealed 2+ swelling and tenderness over the left medial ankle, lateral ankle, Achilles, plantar ligament, and dorsum of the foot. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, and any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Flurbiprofen is an NSAID; the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and short in duration. Indications include osteoarthritis and tendonitis and it is only recommended for short-term use of 4 to 12 weeks. Based on the clinical information submitted for review, the injured worker does not have a diagnosis of osteoarthritis or tendinitis. In addition, the frequency and the intended site for the medication were not provided within the request. The request is not supported by the guideline recommendations as the frequency/site was not specified within the request and there are no clear indications for its necessity. As such, the request is not medically necessary.

Amitriptyline/Dextromethorphan/Gabapentin 10/10/10 % #210 G: 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): 111-114.

Decision rationale: The request for Amitriptyline/Dextromethorphan/Gabapentin 10/10/10% #210 g is not medically necessary. The injured worker was diagnosed with a left ankle and foot sprain and strain. A physical inspection of the ankle and foot revealed 2+ swelling and tenderness to palpation over the left medial ankle, lateral ankle, Achilles, plantar ligament, and dorsum of the foot. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti convulsants have failed. Many of these agents are compounded as monotherapy in combination for pain control, and any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical Gabapentin is not recommended as there is no peer-reviewed literature to support its use. The request for a cream containing Gabapentin would not be supported by the guideline recommendations. In addition, the frequency and intended site of the medication was not provided within the request. The request is not supported by the guideline recommendations as topical Gabapentin is not recommended and the intended site and frequency were not provided. Given the above, the request is not medically necessary.

