

Case Number:	CM14-0058441		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2013
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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 & Rehabilitation 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 24-year-old female who reported an injury on 04/01/2013. The mechanism of injury was not provided for clinical review. The diagnoses included right foot ankle sprain/strain, right lower extremity neuropathy and radiculopathy, lumbar spine sprain/strain with radiculopathy, posterior tibialis tenosynovitis, small tibiotalar and joint effusion. Previous treatments included medication, TENs unit, hot/cold packs. Within the clinical note dated 11/06/2013 it was reported the injured worker complained of low back pain. She complained of worsened lower back pain. She rated her pain 7/10 in severity. The injured worker complained of intermittent and frequent radiation, numbness, and tingling going down her right foot. The injured worker complained of right foot pain which she rated 7/10 in severity. Upon the physical examination of the lumbar spine, the provider noted tenderness to palpation with spasms of the paraspinal and left sacroiliac. The range of motion was flexion at 30 degrees and extension at 5 degrees. The injured worker had a positive straight leg raise. The injured worker had decreased sensation to light touch at the plantar surface of the right foot. On examination of the right ankle/foot, the injured worker had tenderness to palpation of the right medial ankle and tenderness to deep palpation of the right plantar ligament. She had decreased sensation to light touch of the right foot. Provider requested a compound medication, gabapentin in 10% lidocaine, 5% tramadol, 15% gram. However, a rationale is not provided for clinical review. The Request for Authorization was provided and dated on 11/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication-025%flurbiprofen 15%tramadol 15%men thol 2%camphor 2% 240Gm.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic pain - medications-compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The injured worker complained of back pain. She rated her pain 7/10 in severity. The injured worker complained of intermittent and frequent radiation, numbness, and tingling going down her right foot. She complained of right foot pain which she rated 7/10 in severity. Flurbiprofen is recommended for osteoarthritis mild to moderate pain. Flurbiprofen is essentially acting synthetic opioid analgesic and is not recommended for first line oral analgesics. There is lack of documentation indicating the injured worker's treated for or diagnosed with osteoarthritis and tendinitis. The injured worker has been utilizing the medication since at least 11/2013 which exceeds the guideline's recommendation of short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment site. The requested submitted failed to provide the frequency of the medication. Therefore, the request for compound medication-025%flurbiprofen 15%tramadol 15%men thol 2%camphor 2% 240Gm is not medically necessary and appropriate.

Gabapent in 10%lidocaine 5%tramadol 15%Gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - chronic pain - medication compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The injured worker complained of back pain. She rated her pain 7/10 in severity. The injured worker complained of intermittent and frequent radiation, numbness, and tingling going down her right foot. She complained of right foot pain which she rated 7/10 in severity. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note tramadol is essentially acting synthetic opioid analgesic and is not recommended for first line oral analgesics. Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of first line therapy. Topical lidocaine in the formulation of dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Gabapentin is not recommended as a topical analgesic, there is no peer reviewed literature to support the use. There is lack of documentation indicating the injured

worker was treated or diagnosed with osteoarthritis or tendinitis. There is lack of documentation indicating the injured worker has tried and failed on first line agents for the management of neuropathic pain. The injured worker has been utilizing the medication for an extended period of time, since at least 11/2013, which exceeds the guideline's recommendation of short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Gabapent in 10% lidocaine 5% tramadol 15% Gm is not medically necessary and appropriate.