

<b>Case Number:</b>	CM14-0060371		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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 patient is a 52-year-old male with date of injury 11/25/12. The treating physician report dated 3/11/14 indicates that the patient presents with chronic pain affecting the left ankle rated a 7/1 and gastrointestinal pain. The patient has had a CT scan of the left ankle dated 11/11/13 which reveals metallic density screws nails at the distal tibia due to prior surgery, reduced bone density noted, small bony fragments at the anterior medial aspect of the lower end of the tibia, calcified area within the peroneus longus tendon near the cuboid bone likely representing os peroneum. The examination findings show left ankle swelling, decreased range of motion and 4-5 left ankle evertors. The current diagnoses are: 1. Status post left ankle fracture surgery with residuals 2. Dysesthesia of peroneal nerve 3. Intractable pain 4. Gastrointestinal reflux disease 5. Weight gain. The utilization review report dated 4/3/14 denied the request for TGHot Cream, FlurFlex cream, Podiatry consult and Pain management consult based on MTUS guidelines. The Utilization Review physician modified the acupuncture 2x6 and Flexeril 7.5mg #180 requests to allow for acupuncture 2x3 and Flexeril #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5 MG # 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Muscle relaxants (for pain) pg 63-66.

**Decision rationale:** The patient presents with chronic pain affecting the left ankle status post left ankle fracture surgery. The current request is for Flexeril 7.5mg #180. The treating physician has documented that the patient is prescribed Flexeril 7.5mg one tablet twice daily for muscle spasms. There is no documentation of any muscle spasms in the 3/11/14 treating physician report. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The current prescription is written for a 6 week supply which is beyond the MTUS guideline recommendations. The patient was authorized for a modification of Flexeril 7.5mg #20 on 4/3/14. There is no documentation provided to support the usage of Flexeril beyond the MTUS recommendations. Therefore, this request is not medically necessary.

## **TG HOT CREAM 180 G: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) <Insert Page Number or Numbers>Topical Analgesics Pg 111Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).]Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves  
Page(s): 111.

**Decision rationale:** The patient presents with chronic pain affecting the left ankle status post left ankle fracture surgery. The current request is for TG Hot Cream 180g. The treating physician states that TG Hot cream is a compounded topical cream containing Tramadol and Gabapentin. The MTUS guidelines state that topical creams containing Gabapentin are not recommended. Therefore TG Hot cream is not medically necessary.

## **FLUR FLEX 180 G: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) <Insert Page Number or Numbers>Topical Analgesics Pg 111Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).]Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. Page(s): 111.

**Decision rationale:** The patient presents with chronic pain affecting the left ankle status post left ankle fracture surgery. The current request is for Flur Flex 180g. The treating physician states that Flur Flex is compounded topical cream containing Flurbiprofen and Cyclobenzaprine. The MTUS guidelines state that topical creams containing muscle relaxants are not recommended. Therefore the request for Flur Flex is not medically necessary.

**ACUPUNCTURE 2 X PER WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with chronic pain affecting the left ankle status post left ankle fracture surgery. The current request is for acupuncture treatment 2 x 6. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for the ankle with frequency and duration as follows, "Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months." The treater in this case has prescribed 12 visits which is not supported in the AMTG guidelines. The guidelines do support 3-6 treatments with extension if functional improvements are documented. Functional improvement per labor code 9792.20(e) require significant change in ADL's, OR improvement in work status AND decreased dependence of other treatments. In this case the request is for 12 visits which is not supported in the guidelines without first reporting functional improvement with 3-6 visits. Therefore this request is not medically necessary.

**PODIATRY CONSULT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, EVALUATION AND MANAGEMENT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialty referral.ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

**Decision rationale:** The patient presents with chronic pain affecting the left ankle status post left ankle fracture surgery. The current request is for a podiatry consultation. The treating physician has requested a podiatry consultation due to the continued post-surgical left ankle pain. ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise post- surgically is required. Therefore this request is medically necessary.

**PAIN MANAGEMENT CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, EVALUATION AND MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The ACOEM guidelines Page(s): 127.

**Decision rationale:** The patient presents with chronic pain affecting the left ankle status post left ankle fracture surgery. The current request is for a pain management consultation. The treating physician has requested a pain management consultation for assessment of RSD and possible stellate ganglion block. ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by ACOEM guidelines for specialty referral. The treating physician feels that additional post-surgical expertise is required for the management of this patient's chronic pain. Therefore this request is medically necessary.