

Case Number:	CM14-0067577		
Date Assigned:	07/14/2014	Date of Injury:	01/20/2005
Decision Date:	09/26/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

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 Florida. 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 01/20/2005. The mechanism of injury was a crush injury. Diagnoses were noted as right foot crush injury and right foot metatarsalgia. Past treatments included pain medication and orthotics with a metatarsal arch pad. Diagnostic studies listed were x-rays of the right foot and a right foot MRI on 01/24/2012. There were no relevant surgeries noted. On 03/06/2014 the injured worker reported occasional to intermittent flare-ups of pain and swelling. He complained that his right foot symptoms had been aggravated with prolonged walking, standing, kneeling, and with cold weather. He rated his pain 7/10 on a pain scale. Upon physical examination, he was noted with 1+ residual swelling over the dorsal aspect of the right forefoot. There was pain upon compression of the metatarsals of the right foot. A list of his current medications was not provided in the clinical documentation. The treatment plan was to continue prescription analgesic and anti-inflammatory medications and short courses of multi-modality physiotherapy as needed for pain flare-ups was recommended. The rationale for the request was to decrease the use of narcotic or opioid medication. The request for authorization form was signed and submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Muscle Rub 10gm for Right Foot: Flurbiprofen 10% / Capsaicin 0.025 / Menthol 0.05% / Ketoprofen 10% / Cyclobenzaprine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and NSAIDS Page(s): 111-113.

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

Decision rationale: The request for compound muscle rub 10 gm for right foot: flurbiprofen 10 %, capsaicin 0.025 %, menthol 0.05%, ketoprofen 10% and cyclobenzaprine 10% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The guidelines state that capsaicin may be recommended in patients who have not responded or are intolerant to other treatments. The guidelines also note that ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Cyclobenzaprine is also not recommended due to a lack of peer-reviewed literature regarding topical use. The injured worker reported pain, but there was no sufficient documentation of any pain relief or increase of functional limitation on current pain medication regimen. Based on the lack of evidence of prior failed antidepressants or anticonvulsants, the frequency of the medication was not included and as ketoprofen and cyclobenzaprine are not recommended, the request is not supported. Additionally, the request, as submitted, did not specify a quantity or frequency of use. Therefore, the request is not medically necessary.