

Case Number:	CM14-0073100		
Date Assigned:	07/16/2014	Date of Injury:	05/09/2013
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/20/2014

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 Texas. 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 37 year old female injured on 05/09/2013 while going down a flight of stairs and stepped on a piece of cardboard causing her to twist her left ankle, sustaining left foot and ankle pain. Clinical documentation dated 03/11/14 indicated Electromyogram of bilateral lower extremities was performed and revealed normal EMG with no evidence of a radiculopathic disease, peripheral neuropathy or myopathy. Nerve conduction study of the left lower extremity was also performed and revealed a normal nerve conduction velocity of the left lower extremity. There was no evidence to suggest a peripheral neuropathy or nerve entrapment, or myelopathy. Clinical note dated 03/11/14 indicated the injured worker complains of constant pain in her left ankle and foot, which spreads to the knee. The pain was described as sharp, varies in intensity, but increases if she stands for more than 20 minutes, with associated tingling numbness along the lateral border of the left foot involving the dorsum and all the toes. The injured worker also complained of frontal and bilateral temporal headache, described as sharp and can last the whole day. Aleve has only afforded modest effect. The injured worker also complained of difficulty sleeping. Physical examination revealed slight erythema on the left foot, left foot feels colder than the right, with tenderness on palpation of the peroneal nerve at the left fibular head. Motor examination revealed diminished muscle strength of the left lower leg and left foot due to pain. Heel and toe stand was impossible due to left foot and ankle pain. Gait was abnormal because of weight bearing of the left leg. Diagnoses include probable depression; headache, tension type; left foot/ankle injury, probable complex regional pain syndrome-1 and sleep initiation and maintenance insomnia. Plan of management continued physical therapy and probable psychological evaluation for the emotional symptoms, recommendation for Gabapentin 100 mg tab TID to reduce the degree of causalgia or allodynia, and nonsteroidal anti-inflammatory agent for the headache Clinical note dated 05/06/14 indicated injured worker is still having reflex

sympathetic dystrophic type symptoms. Physical examination revealed decreased range of motion of the left foot with lateral malleolar tenderness and diffuse tenderness over the left lower extremity. The diagnoses of left lower extremity injury and reflex sympathetic of the left lower extremity remain. The previous request for compound medication containing Flurbiprofen 25%, diclofenac 10% 240gms #1 and the compound medication containing Capsaicin .0375%, Menthol 10% and Tramadol 20% 240gms #1 were not certified 05/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Flurbiprofen 25%, diclofenac 10% 240gm #1: 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.

Decision rationale: the safety and efficacy of compounded medications containing has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains flurbiprofen 25% and Diclofenac 10% which have not been approved for transdermal use. There is no documentation in the clinical notes addressing the need for the compounded topical medication. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound medication containing flurbiprofen 25% and Diclofenac 10% 240gms #1 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Compound medication: Capsaicin .0375%, Menthol 10%, tramadol 20% 240gm #1:
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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain

capsaicin, menthol, and and tramadol. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound medication containing Capsaicin .375%, Menthol 10% and Tramadol 20% 240 gms #1 cannot be recommended as medically necessary.