

Case Number:	CM14-0074123		
Date Assigned:	07/16/2014	Date of Injury:	06/28/2007
Decision Date:	09/23/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational 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 patient is a 58-year-old female who was injured on 6/28/07 when a hospital bed ran over her foot injuring her foot and low back. Prior treatment history has included physical therapy, chiropractic care and acupuncture. The patient underwent right foot surgery on 10/11/13. Diagnostic studies reviewed lumbar MRI on 4/23/14, which showed L4-5 3mm central disc protrusion and annular tear, mild canal stenosis, mild bilateral neuroforaminal narrowing and grade 1 anterolisthesis. Internal Medicine evaluation on 5/22/13 cleared the patient for work conditioning. Progress note dated 4/23/14 documented the patient to have complaints of ongoing pain in the right foot. No change in lumbar symptoms. Physical therapy over 24 visits helped a little. There was no change in examination findings. The patient was diagnosed with lumbar strain with radiculopathy, right superficial peroneal neuropathy and right foot pain status post foot fracture. Lumbar spine MRI, lower extremity EMG/NCS and topical compound medications were apparently requested. UR dated 4/30/14 denied request due to lack of literature in support of compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications: flurbiprofen powder, cyclobenzaprine powder hcl, lidocaine powder hcl, ethoxy liq, digycol, pcca custom cream lipo max: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, pages 111-113; Official Disability Guidelines: Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: According to MTUS, muscle relaxants are not recommended for topical application due to lack of demonstrated efficacy. The only topical Lidocaine formulation that is recommended is the Lidoderm patch. In this case a request is made for topical powders containing Cyclobenzaprine and Lidocaine. Medical necessity is not established. Therefore, this request is not medically necessary.