

Case Number:	CM14-0077365		
Date Assigned:	07/18/2014	Date of Injury:	12/06/2010
Decision Date:	08/29/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 63 year-old female who reported an injury on 12/06/2010. The mechanism of injury was not stated. Current diagnoses include medial malleolus fracture in the right ankle, status post ORIF of the right ankle on 12/23/2010, sprain/strain with tenosynovitis of the right ankle, and achilles tendinitis in the right ankle. The injured worker was evaluated on 03/07/2014 with complaints of intermittent flare-ups of moderate right foot/ankle pain associated with swelling, numbness/tingling and residual limping. Physical examination revealed 1+ residual swelling, 1+ residual tenderness to palpation over the dorsum of the right foot, tenderness over the medial and lateral aspect of the right ankle, painful eversion and inversion of the right ankle, markedly decreased range of motion, positive calf muscle spasm, and an antalgic gait. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% Cyclobenzaprine 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended as there is no evidence for the use of muscle relaxants as a topical product. The only FDA-approved topical NSAID is diclofenac. There is also no frequency or quantity listed in the request. Therefore, this request is not medically necessary.

Flurbiprofen 10%, Capsaicin 0.025mg, Menthol 0.05mg, Camphor 0.05mg cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended as there is no evidence for the use of muscle relaxants as a topical product. The only FDA-approved topical NSAID is diclofenac. There is also no frequency or quantity listed in the request. Therefore, this request is not medically necessary.