MAXIMUS Federal Services

Case Number:	CM14-0079646		
Date Assigned:	07/18/2014	Date of Injury:	01/20/2009
Decision Date:	08/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physicaol Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 43-year-old who reported an injury on Janaury 20, 2009. The mechanism of injury is unknown. The injured worker has a diagnosis of foot pain, reflex sympathetic dystrophy, fifth metatarsal fracture, status post left foot open reduction internal fixation, status post left foot Morton's neuroma excision, depression, anxiety, and gastroesophageal reflux disease. Past treatments included medication, surgery, and a home exercise program. On April 7, 2014, the injured worker was seen for left foot pain. The pain was rated at a 10/10. Upon examination of the ankle and foot, there was tenderness over the plantar fascia. The range of motion revealed dorsiflexion at 15 degrees on the right and 14 on the left, plantarflexion 40 degrees on the right and 38 degrees on the left, inversion 30 degrees on right and 28 degrees on left, eversion 20 degrees on right 18 degrees on the left. The left ankle was limited by pain in all directions. Inversion test was positive on the left foot. The plan is for the injured worker to return to work with restrictions to allow the injured worker to sit down as needed and a medication refill. The request is for Compound -1) TGHot (Tramadol 8%, gabapentin 10%, menthol 2% Camphor 2%, Capsaicin 0.05%) 180GM and 2) Flurflex (Flurbiprofen 10% , Cyclobenzaprine 10%) 180GM. A rationale was not provided. The Request for Authorization was dated April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot (Tramadol 8%, gabapentin 10%, menthol 2% Camphor 2%, Capsaicin 0.05%) 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Food and Drug Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol,Gabapentin,Topical Capsaicin,Topical Analgesics, Topical Salicylates Page(s): 82,113,28,111,105.

Decision rationale: The injured worker has a history of left foot pain. TGHot is a compound cream with Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. The Chronic Pain Medical Treatment Guidelines indicate topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines also state that any compounded product that contains at least one or more drug that is not recommended is not recommended. Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Topical gabapentin is not recommended by the guidelines. There is no peer-reviewed literature to support use. There are no guidelines which report the safety or efficacy of tramadol utilized topically. The guidelines do not support all the components of TGHot. As such, the request for TGHot (Tramadol 8%, gabapentin 10%, menthol 2% Camphor 2%, Capsaicin 0.05%) 180 gm is not medically necessary or appropriate.

Flurflex (Flurbiprofen 10% , Cyclobenzaprine 10%) 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Utilization Schedule (MTUS), 2009, Chronic pain, Flurbiprofen,Topical analgesics,Cyclobenzaprine page Page(s): 72,111,41.

Decision rationale: The injured worker has a history of left foot pain. The Chronic Pain Medical Treatment Guidelines indicate topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines also state that any compounded product that contains at least 1 or more drug that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. As such, the request for Flurflex (Flurbiprofen 10% , Cyclobenzaprine 10%) 180 gm is not medically necessary or appropriate.