

Case Number:	CM14-0087086		
Date Assigned:	09/10/2014	Date of Injury:	11/08/2010
Decision Date:	10/07/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Preventive 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:

According to the records made available for review, this is a 39-year-old female with a 11/8/10 date of injury. At the time (5/28/14) of Decision for unna's boot for left foot and ankle between 03/13/2014 and 03/13/2014; 1 prescription for 240 g of cyclobenzaprine, 2 %/ flurbiprofen 20% cream between 03/13/2014 and 07/11/2014; and 1 prescription for 240 g of diclofenac 20%/tramadol 15% cream between 03/13/2014 and 07/11/2014, there is documentation of subjective (bilateral ankle pain, left greater than right) and objective (mild to moderate tenderness to right knee; tenderness to palpation of bilateral sinus tarsi and peroneals; and antalgic gait without assistive device) findings, current diagnoses (Status Post Ankle Sprain; Peroneal Tendonitis; Myalgia; Bursitis; Capsulitis, left greater than right; Anxiety; and Depression), and treatment to date (chiropractic treatment, physiotherapy treatment, acupuncture treatment, unna's boot, and medications (including ongoing treatment with Flexeril, Naproxen, Celexa, and Topical creams)). 5/29/14 medical report identifies application of Unna's boot helped very minimally with the left ankle pain. Regarding unna's boot, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Unna boot is indicated (refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis). Regarding 1 prescription for 240 g of diclofenac 20%/tramadol 15% cream, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of topical medication use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unna's boot for left foot and ankle between 03/13/2014 and 03/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Association for the Advancement of Wound Care. Summary algorithm for venous ulcer care with annotations of available evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.fpnotebook.com/surgery/pharm/unsbt.htm>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Unna boot is indicated (such as: refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis), as criteria necessary to support the medical necessity of Unna boot. In addition, medical practice standard of care necessitate documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Within the medical information available for review, there is documentation of diagnoses of Status Post Ankle Sprain; Peroneal Tendonitis; Myalgia; Bursitis; Capsulitis, left greater than right; Anxiety; and Depression. In addition, there is documentation of ongoing treatment with unna's boot. However, despite documentation of a diagnosis of status post ankle sprain, there is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Unna boot is indicated (refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis). In addition, given documentation of ongoing treatment with unna boot, there is no documentation of a clear rationale for the replacement of DME already in use (malfunction or breakdown). Therefore, based on guidelines and a review of the evidence, the request for unna's boot for left foot and ankle between 03/13/2014 and 03/13/2014 is not medically necessary.

1 prescription for 240 g of cyclobenzaprine, 2 %/ flurbiprofen 20% cream between 03/13/2014 and 07/11/2014: 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): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of Status Post Ankle Sprain; Peroneal Tendonitis; Myalgia;

Bursitis; Capsulitis, left greater than right; Anxiety; and Depression. However, the requested 1 prescription for 240 g of cyclobenzaprine, 2 %/ flurbiprofen 20% cream contains at least one drug class (cyclobenzaprine (muscle relaxants)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for 240 g of cyclobenzaprine, 2 %/ flurbiprofen 20% cream between 03/13/2014 and 07/11/2014 is not medically necessary.

1 prescription for 240 g of diclofenac 20%/tramadol 15% cream between 03/13/2014 and 07/11/2014: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Status Post Ankle Sprain; Peroneal Tendonitis; Myalgia; Bursitis; Capsulitis, left greater than right; Anxiety; and Depression. In addition, there is documentation of ongoing treatment with topical cream and antidepressants. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of topical medication use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for 240 g of diclofenac 20%/tramadol 15% cream between 03/13/2014 and 07/11/2014 is not medically necessary.