

Case Number:	CM14-0093148		
Date Assigned:	07/25/2014	Date of Injury:	01/10/2014
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old male with a reported date of injury on 01/10/2014. The injury reportedly occurred when the injured worker was driving a forklift and caught his foot between the forklift and the wall. His diagnoses were noted to include Lisfranc's dislocation, metatarsal fracture, orthopedic aftercare, and foot pain. His previous treatments were noted to include surgery, physical therapy, and medication. The progress note dated 05/20/2014 revealed that the injured worker was getting better and able to walk on his foot. He complained of stiffness and tenderness but the hypersensitivity had improved with Gabapentin so he stopped taking it. The injured worker complained of moderate pain described as aching associated with swelling and weakness. The physical examination of the left foot revealed mild swelling and tenderness and the swelling had improved. The range of motion of the toes at the metatarsal phalangeal joint as well as the ankle joint was stiff and terminal range of motion was painful. The injured worker was able to flex and extend toes and ankle. The Request for Authorization Form was not submitted within the medical records. The request was for Fluticasone Propionate 10% #360 1/30 days and Flurbiprofen #360 1/30 days; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone Propionate 10% #360 1/30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Corticosteroids.

Decision rationale: The injured worker complains of foot pain and stiffness. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Official Disability Guidelines recommend the use of corticosteroids for clear cut signs and symptoms of radiculopathy. There is a lack of documentation regarding neuropathic pain or radiculopathy to warrant corticosteroids. Additionally, the guidelines do not make recommendations regarding topical corticosteroids. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Flurbiprofen #360 1/30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker complains of foot pain and stiffness. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy and clinical trials for topical NSAIDS has been inconsistent and most studies are small and of short duration. Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDS have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated further research was required to determine if results were similar for all preparations. The guidelines indications for topical NSAIDS is osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. There is no evidence to support the use of topical

NSAIDS for neuropathic pain. The injured worker does not have osteoarthritis or tendinitis diagnosed to warrant a topical NSAID. There is a lack of documentation regarding efficacy of this medication and additionally the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.