

Case Number:	CM14-0094761		
Date Assigned:	07/30/2014	Date of Injury:	11/23/2011
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 41-year-old female who reported an injury on 11/23/2011. While trying to remove a child out of a classroom, the child pushed his feet against the wall, and the injured worker felt a pop to the ankle. The injured worker had a history of left ankle pain, with a diagnosis of a peroneus brevis tendon tear, sural neuritis, and chronic pain. The prior treatments included injection, ankle boot, conservative care, special shoes, physical therapy, and oral medication. The past surgery included a left peroneal tendon injury with status post reconstructive surgery, with residuals. The diagnostics included a peripheral vascular examination dated 09/16/2013, that revealed no evidence of a deep vein thrombosis to the lower extremity. Per the 07/31/2014 clinical notes, the objective findings to the left ankle revealed palpation with eversion and Tinnel's sural nerve and palpable swelling along the course of the nerve. The medication included Cipro, Vicodin with a reported pain to the left ankle of 9/10 using the visual analog scale. The treatment plan included a request for surgical intervention, conservative care including injections, physical therapy, special shoes, oral pills, and anti-inflammatories. The Request for Authorization dated 07/30/2014 was submitted with documentation. The request for the Keratek analgesic gel was to provide the injured worker with additional pain relief. No rationale was given for the topical, the Flurbiprofen, Cyclobenzaprine, menthol topical cream, or the Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Cyclobenzaprine, Menthol topical creams: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines on topical analgesics state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical Lidocaine, in the formulation of a Lidoderm patch, has been designated as an orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Per the guidelines, any topical cream that has at least 1 drug that is not recommended is therefore not recommended. The clinical notes did not indicate a diagnosis of diabetic neuropathy. The request did not address the frequency or the duration. As such, the request is not medically necessary and appropriate.

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, page 75, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes provided, there was no evidence of the injured worker's activities of daily living, adverse side effects, or aberrant drug behavior. As such, the request is not medically necessary and appropriate.

Kera-Tek Topical Analgesic gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug

interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. Per the guidelines, the Keratek topical cream is not recommended if a component of a product contains at least 1 drug that is not recommended. Therefore, it is not recommended. The request did not address the frequency or duration. As such, the request is not medically necessary and appropriate.