

Case Number:	CM15-0100844		
Date Assigned:	06/03/2015	Date of Injury:	12/09/1997
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 46 year old female, who sustained an industrial injury on 12/09/1997. She has reported injury to the bilateral shoulders, left knee, and bilateral feet. The diagnoses have included sprain/strain bilateral feet; plantar faciitis bilateral feet; painful gait; left shoulder impingement syndrome; right shoulder impingement syndrome; and status post left knee arthroscopy with partial meniscectomy. Treatment to date has included medications, diagnostics, orthotics, splinting, physical therapy, and surgical intervention. Medications have included Naproxen, Tramadol, Omeprazole, and topical compounded creams. A progress note from the treating physician, dated 12/16/2014, documented a follow-up visit with the injured worker. The injured worker reported that she is undergoing physical therapy and treatment for the shoulders, which continue to improve; and states that she understands surgery for the feet needs to be done in two separate stages. Objective findings included continues to demonstrate symptomatology of the bilateral feet; continuation of pain to palpation of the medial and central bands of the plantar fascia, and symptoms increased significantly with activation of the windlass mechanism; pain to squatting, crouching, heel walking, and heel standing; pain to dorsiflexion and eversion, right foot over the left, with regard to plantar fascia pain; no significant improvement symptomatically; and needs further treatment intervention. The treatment plan has included the request for compound drug: misoprostol/phenytoin/lidocaine; and compound drug: flurbiprofen/cyclobenzaprine/lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound drug: misoprostol/phenytoin/lidocaine: 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 is not recommended." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Compound drug: misoprostol/phenytoin/ lidocaine is not medically necessary.

Compound drug: flurbiprofen/cyclobenzaprine/lidocaine: 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Compound drug: flurbiprofen/cyclobenzaprine/lidocaine is not medically necessary.