

Case Number:	CM15-0102022		
Date Assigned:	06/04/2015	Date of Injury:	10/24/2000
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 10/24/2000. The injured worker is currently diagnosed as having bilateral feet pes planus, bilateral feet plantar fasciitis, and non-occupational metatarsalgia. Treatment and diagnostics to date has included custom orthotics and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of bilateral foot pain. Objective findings include tenderness to palpation to bilateral arches and at plantar fascia with positive metatarsal compression test. The treating physician reported requesting authorization for compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240gm: 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: Regarding the request for Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 5%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has neuropathic pain, as the diagnosis for which the cream is prescribed is bilateral plantar fasciitis. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested compound cream, which contains topical lidocaine, is not medically necessary.