

Case Number:	CM15-0107367		
Date Assigned:	06/11/2015	Date of Injury:	06/13/2013
Decision Date:	07/13/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old male, who sustained an industrial injury on 6/13/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having status post right ankle surgery 1/12/2012, possible failed surgery. Treatment to date has included diagnostics, right ankle surgery, physical therapy, and medications. An orthopedic progress re-evaluation report (9/23/2014) noted the use of Ibuprofen and topical creams for pain. Currently, the injured worker complains of low back pain, rated 6/10, and right ankle pain, rated 7/10. The treatment plan included medication refills, including Ibuprofen and Methoderm cream. Work status remained modified with unchanged restrictions. Pain levels appeared consistent for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 111-113.

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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methoderm topical cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured workers working diagnoses are status post right ankle surgery (possibly failed); and lumbosacral rule out HNP radiculopathy. Documentation shows the earliest progress note that contains a prescription for the topical analgesics is November 24, 2014. The topical analgesics are not mentioned by specific name/brand. The injured worker subjectively complained of lumbosacral pain and right ankle pain 5/10 and 7/10 respectively. The March 11, 2015 progress note offered the same subjective complaints, however ibuprofen 800 mg appears for the first time in the medical record documentation. The most recent progress of the medical record dated April 22, 2015 offers the same complaints low back pain 8/10 and right ankle pain 7/10. Objectively, the documentation states continues with painful gait right lower extremity, note gross swelling. There is no documentation indicating subjective improvement with Methoderm topical. Additionally, there is no objective functional improvement with ongoing Methoderm topical. There is no documentation indicating failed first-line treatment with antidepressants and anticonvulsants. There was no documentation of neuropathic pain documented in the medical record. Consequently, absent clinical documentation with objective functional improvement, subjective improvement and evidence of neuropathic pain, Methoderm topical cream is not medically necessary.

Ibuprofen 800 milligrams, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are status post right ankle surgery (possibly failed); and lumbosacral rule out HNP radiculopathy. Documentation shows the earliest progress note that contains a prescription for the topical analgesics is November 24, 2014. The topical analgesics are not mentioned by specific name/brand. The injured worker subjectively complained of lumbosacral pain and right ankle pain 5/10 and 7/10 respectively. The March 11, 2015 progress note offered the same subjective complaints, however ibuprofen 800 mg appears for the first

time the medical record documentation. The most recent progress of the medical record dated April 22, 2015 offers the same complaints low back pain 8/10 and right ankle pain 7/10. Objectively, the documentation states "continues with painful gait right lower extremity, note gross swelling". Motrin 800mg first appears in the March 11, 2015 progress note. The start date is unclear based on the available documentation for review. A follow-up April 22, 2015 progress note contains similar pain scores to the March 2015 progress note with a limited physical examination. There was no objective evidence of functional improvement on Motrin in the medical record. Consequently, absent clinical documentation with a specific start date, evidence of objective functional improvement, evidence of subjective improvement, Motrin 800 mg #30 is not medically necessary.