

<b>Case Number:</b>	CM15-0136599		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Emergency 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:

CM15-0136599The injured worker (IW) is a 60 year old female who sustained an industrial injury on 01/10/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. He injured worker was diagnosed as: Painful gait; Failed surgery to the left ankle and left foot; Status post tendon transfer; Status post repair of the posterior tibial tendon of the left ankle; Status post arthroscopic surgery of the left ankle; And status post extensive debridement, removal of loose bodies, with arthrotomy and partial synovectomy of the left ankle. Treatment to date has included surgeries, medication and ankle bracing. The worker has no hypertrophic lesions, good posterior tibial pulses and brisk capillary fill time in digits one-five bilaterally. Minimal telangiectasia is present. There is normal skin texture and tone. All epicritic sensations are intact and symmetrical bilaterally. The strength of the intrinsic and extrinsic muscles is +5/5 and within normal limits in all muscles controlling dorsiflexion, plantar flexion, inversion and eversion. Currently, the injured worker states she is doing moderately better and is taking medication. Norco is helping a lot as has physical therapy. On physical examination there is a continuation of pain only to the left ankle joint range of motion. The incisions on the plantar aspect of the foot are showing well healed incisions. She does have some pain secondary to the CAM walker. The plan of care is to continue physical therapy and refill the Norco and refill the topical medications. Orthotic intervention is also requested. A request for authorization was made for the following: 1.1st relief topical spray 8oz #2 bottles 2. Fexmid 7.5mg #90

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1st relief topical spray 8oz #2 bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical Lidocane.

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

**Decision rationale:** The requested 1st relief topical spray 8oz #2 bottles, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The treating physician has documented no hypertrophic lesions, good posterior tibial pulses and brisk capillary fill time in digits one-five bilaterally. Minimal telangiectasia is present. There is normal skin texture and tone. All epicritic sensations are intact and symmetrical bilaterally. The strength of the intrinsic and extrinsic muscles is +5/5 and within normal limits in all muscles controlling dorsiflexion, plantar flexion, inversion and eversion. Currently, the injured worker states she is doing moderately better and is taking medication. Norco is helping a lot as has physical therapy. On physical examination, there is a continuation of pain only to the left ankle joint range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1st relief topical spray 8oz #2 bottles is not medically necessary.

**Fexmid 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Fexmid 7.5mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented no hypertrophic lesions, good posterior tibial pulses and brisk capillary fill time in digits one-five bilaterally. Minimal telangiectasia is present. There is normal skin texture and tone. All epicritic sensations are intact and symmetrical bilaterally. The strength of the intrinsic and extrinsic muscles is +5/5 and within normal limits in all muscles controlling dorsiflexion, plantar flexion, inversion and eversion. Currently, the injured worker states she is doing moderately better and is taking

medication. Norco is helping a lot as has physical therapy. On physical examination, there is a continuation of pain only to the left ankle joint range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid 7.5mg #90 is not medically necessary.