

Case Number:	CM15-0138121		
Date Assigned:	07/28/2015	Date of Injury:	07/11/2014
Decision Date:	08/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male patient who sustained an industrial injury on 07/11/2014. The accident occurred while employed as a corrections officer at a prison. The initial report of illness dated 07/11/2014 reported subjective complaint of left ankle pain. He states having attempted sitting in a chair, it rolled from under him, subsequently his ankle twisted and he fell down to the left knee. He was diagnosed with an ankle fracture. An orthopedic consultation dated 08/04/2014 reported chief complaint of right ankle pain, and fracture. The patient is not currently working. The patient was diagnosed with a left distal fibula fracture with mortise displacement. There is recommendation for a Cam walker boot, Anaprox prescribed, Prilosec, Hydrocodone 2.5mg and emergent surgical intervention for the left ankle. On 08/13/2014, the patient underwent ORIF of the left ankle. The post-operative diagnoses were: left ankle fracture with displacement of the fibula and rupture of the deltoid ligament; extensive synovitis, ankle joint; tendon adhesions, peroneus tendon; left ankle capsulitis, interstitial tearing of peroneal longus, and bursal hyperplastic tissue. A primary treating office visit dated 05/06/2015 reported subjective complaint of left ankle pain. The treating diagnosis was: status post ORIF left fibula. The plan of care noted continuing with acupuncture, medications, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 120mg (tubes), QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: This claimant was injured in 2014. He was diagnosed with a left distal fibula fracture with mortise displacement. He had an ORIF of the left ankle. The post-operative diagnoses were: left ankle fracture with displacement of the fibula and rupture of the deltoid ligament; extensive synovitis, ankle joint; tendon adhesions, peroneus tendon; left ankle capsulitis, interstitial tearing of peroneal longus, and bursal hyperplastic tissue. As of May 2015, the pain was persistent. Per the Chronic Pain Medical Treatment Guidelines, page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.