

Case Number:	CM15-0141341		
Date Assigned:	07/31/2015	Date of Injury:	10/16/2014
Decision Date:	09/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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 54 year old female, who sustained an industrial injury on October 16, 2014. She reported right foot and ankle pain after falling over a short brick wall. The injured worker was diagnosed as having fifth metatarsal base fracture from a trip and fall. Treatment to date has included diagnostic studies, medications, conservative care and work restrictions. Currently, the injured worker continues to report pain in the right ankle and foot, fatigue, headaches, sleep loss and numbness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 10, 2014, revealed continued pain as noted with associated symptoms. It was noted she was being treated with ibuprofen and Tylenol. It was noted she was working with modified duties. Evaluation on January 7, 2015, revealed continued pain as noted. Vicodin was prescribed for use at night and Terocin cream was prescribed for breakthrough pain. Evaluation on June 24, 2015, revealed continued pain as noted. It was noted she was walking with full weight bearing status using a cane that was noted as new. She was noted to be wearing a surgical shoe. It was noted she had reached maximal medical improvement. Norco was prescribed. FCL 20%-4%-240 grams, day supply 30 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL 20%-4%-240grms day supply 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for FCL 20%-4%-240grms (flurbiprophen, lidocaine, and cyclobenzaprine), CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested FCL 20%-4%-240grms is not medically necessary.