

Case Number:	CM15-0164421		
Date Assigned:	09/01/2015	Date of Injury:	03/21/2012
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old female who sustained an industrial injury on 03-21-2012. Diagnoses include plantar fascial release; plantar fasciitis, right foot; low-grade posterior tibial tendinitis bilaterally; painful gait; and possible tarsal tunnel syndrome, left foot. Treatment to date has included medication, physical therapy, plantar fascial release and home exercise program. According to the progress notes dated 4-7-2015, the IW (injured worker) reported she was ambulating with full weight bearing as much as she could and she stated she was extremely happy with her outcome at that point. Her sutures were removed. On examination, she walked with a knee walker, as prolonged walking caused pain to the scar. The incision on the plantar aspect of the right foot was well healed with no signs of infection, edema, purulence or other complications. Anterior tibial and posterior tibial pulses were 2+ over 4 and palpable bilaterally. Capillary refill was within 3 seconds bilaterally. Achilles and patellar reflexes were 2+ over 4 bilaterally and symmetrically. The remainder of the examination was normal. It was noted that scar tissue medication would be provided to break down scar tissue to improve the IW's condition. A request was made for retrospective review for date of service 6-18-15: Flurbiprofen powder 20%, Cyclobenzaprine 4%, Lidocaine powder 5%, PCCA custom Lipo Max cream 240grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen powder 20% Cyclobenzaprine 4% Lidocaine 5% PCCA Custom Lipo cream 240 grams (DOS 06/18/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant was not diagnosed with arthritis. Since the compound above contains these topical medications and is not recommended, the Flurbiprofen powder 20% Cyclobenzaprine 4% Lidocaine 5% PCCA Custom Lipo cream 240 grams use on 6/18/15 is not medically necessary.