

Case Number:	CM15-0167063		
Date Assigned:	09/04/2015	Date of Injury:	06/22/2012
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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:

This is a 45-year-old female who sustained an industrial injury on 06-22-2012. Diagnoses include plantar fasciitis, bilateral; metatarsalgia; and painful gait. Treatment to date has included medication, physical therapy, chiropractic treatment, acupuncture, extracorporeal shockwave therapy, peripheral nerve block and home exercise program. According to the most recent progress notes from the requesting provider dated 4-8-2015, the IW (injured worker) reported painful symptoms in the bilateral feet with secondary difficulty weight bearing and ambulating. On examination, her gait was altered. Dorsalis pedis and posterior tibial pulses were 2+ out of 4 and palpable bilaterally. There were minimal telangiectasias present bilaterally and capillary refill was immediate in all digits. Deep tendon reflexes were 2+ out of 4 in the bilateral lower extremities. The remainder of the neurological and motor exams was within normal limits. MRI of the right ankle dated 3-26-2015 showed no significant findings. A request was made for retrospective review of Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% for date of service 07/21/2015 and PCCA Custom Lipomax Cream for date of service 07/21/2015. The documentation for the requested date of service was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% / Cyclobenzaprine 4% / Lidocaine 5% (DOS: 07/21/2015):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains: Flurbiprofen 20%, Cyclobenzaprine 4%, and Lidocaine 5%. MTUS guidelines state that Flurbiprofen, Lidocaine, and/or muscle relaxants (Cyclobenzaprine in this case) are not recommended for topical applications. Medical necessity for the requested topical analgesic compounded medication, for muscular pain was not established. The requested topical compound is not medically necessary.

Retrospective PCCA Custom Lipomax Cream (DOS: 07/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation of intolerance to other previous oral medications. MTUS guidelines state that Flurbiprofen, lidocaine, capsaicin and/or muscle relaxants (Cyclobenzaprine in this case) are not recommended for topical applications. Lipo-derm (or Lipo-max) cream is only available from the Professional Compounding Centers of America (PCCA). The PCCA base has the ability to deliver four (4) drugs at once. Cyclobenzaprine is not recommended, as there is no evidence for the use of any muscle relaxant as a topical agent. Medical necessity for this topical analgesic containing, Lidocaine, Flurbiprofen, and Cyclobenzaprine powders in a PCCA lipo-max cream was not established. Medical necessity for this item was not established. The request for retrospective treatment with this topical analgesic is not medically necessary.