

Case Number:	CM15-0198928		
Date Assigned:	10/14/2015	Date of Injury:	11/24/2012
Decision Date:	11/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 51 year old female sustained an industrial injury on 11-24-12. Documentation indicated that the injured worker was receiving treatment for a left ankle contusion with osteochondritis dissecans defect. In Pr-2's dated 4-21-15, 5-26-15, 6-23-15, 7-8-15, 7-21-15 and 8-18-15, the injured worker complained of pain 6 to 8 out of 10 on the visual analog scale. In a PR-2 dated 9-15-15, the injured worker complained of constant left ankle pain with radiation to the left foot and toes, rated 8 out of 10 on the visual analog scale, associated with swelling and occasional giving out. The injured worker stated that her pain was worsening and that she was experiencing flare-ups of pain. The injured worker reported that she continued to have hip and low back pain due to the way that she walked. The injured worker had recently undergone a podiatric specialist evaluation with recommendation for arthroscopic surgery. Physical exam was remarkable for left ankle and foot with tenderness to palpation, positive lateral and medial stability tests, tight Achilles tendon and range of motion, left ankle range of motion: external rotation 0 degrees, plantar flexion 10 degrees and extension 5 degrees. The injured worker had been prescribed Oxycodone since at least 4-21-15 and Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Flurbiprofen 20% since at least 6-23-15. The treatment plan included continuing medications (Oxycodone and Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Flurbiprofen 20%). On 10-6-15, Utilization Review non-certified a request for Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Flurbiprofen 20% and modified Oxycodone 15 mg #120 to Oxycodone 15mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% in this injured worker, the records do not provide clinical evidence to support medical necessity.

Flurbiprofen 20% qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical flurbiprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.

Oxycodone 15mg QID qty 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Oxycodone is not substantiated in the records.