

Case Number:	CM15-0202111		
Date Assigned:	10/19/2015	Date of Injury:	05/27/2015
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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

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, who sustained an industrial injury on 5-27-2015. He reported a left ankle injury from a fall. Diagnoses include non-displaced spiral fracture fibula, and avulsion fracture of the lateral and posterior malleoli left ankle. Treatments to date include activity modification, Ibuprofen and Norco. On 8-17-15, he complained of pain and stiffness in the left ankle. The physical examination documented swelling and decreased range of motion. The X-ray showed good alignment "but the fracture line was still very evident." On 9-28-15, he complained of ongoing left ankle stiffness, swelling and pain associated with locking. The physical examination documented generalized swelling and decreased range of motion in the left ankle with positive anterior drawer test and talar tilt test. The plan of care included full weight bearing, home exercise program and medication therapy. The appeal requested authorization for retrospective pharmacy purchase of Flurbiprofen-Cyclobenzaprine-Capsaicin-Menthol-Camphor, PCCA lipo dermal compound cream 120grams for date of service 8-12-15. The Utilization Review dated 10-5-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen, Cyclobenzaprine, Capsaicin, Menthol, Camphor, PCCA lipo compound 120gram (DOS: 08/12/2015): Upheld

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

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

Decision rationale: The current request is for Retrospective Flurbiprofen, Cyclobenzaprine, Capsaicin, Menthol, Camphor, Pcca Lipo compound 120gram (DOS: 08/12/2015). Treatments to date include activity modification, Ibuprofen and Norco. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels are indicated for neuropathic pain... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per report 8-17-15, the patient complained of pain and stiffness in the left ankle. The physical examination documented swelling and decreased range of motion. The treater discusses the results of the X-ray stating, good alignment, but the fracture line was still very evident. The treater provided a topical compound cream. Given patient's pain symptoms to the ankle, the Flurbiprofen portion of this topical would be indicated. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine which is not supported for topical use in lotion/gel/cream form, per MTUS. In addition, cyclobenzaprine is not support in any topical formulation. This request is not in accordance with MTUS. Therefore, this retrospective request is not medically necessary.