MAXIMUS Federal Services

Case Number:	CM15-0202187		
Date Assigned:	10/19/2015	Date of Injury:	09/23/2014
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 was a 59 year old male, who sustained an industrial injury, September 23, 2014. The injured worker was undergoing treatment for left foot pain, left tarsal tunnel syndrome and release on September 8, 2015. According to progress note of August 31, 2015, the injured worker's chief complaint was left medical foot arch numbness and tingling. The physical exam noted medical ankle tenderness posterior to the medical malieolus and Tinel's at the tarsal tunnel. The injured worker previously received the following treatments left tarsal tunnel injection with one week relief from pain, Percocet, Tylenol 500mg, medications, time off work and therapy. The UR (utilization review board) denied certification on October 6, 2015; for a prescription for Flurbiprofen-Lidocaine, Gabapentin- Amitriptyline- Capsaicin and Cyclobenzaprine- Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin, Cyclobenzaprine, Lidocaine (retrospective DOS 08/31/2015): 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 CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." CA MTUS guidelines state that there is no evidence for use of a muscle relaxant such as cyclobenzaprine as a topical product. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Flurbiprofen/ Lidocaine, Gabapentin/Amitriptyline/ Capsaicin, Cyclobenzaprine/ Lidocaine (retrospective DOS 09/03/2015): 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 CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." CA MTUS guidelines state that there is no evidence for use of a muscle relaxant such as cyclobenzaprine as a topical product. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.