

Case Number:	CM15-0208428		
Date Assigned:	10/27/2015	Date of Injury:	12/22/2012
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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 41 year old male who sustained an industrial injury on 12-22-12. A review of the medical records indicates he is undergoing treatment for contusion of the foot and crushing of the foot. Medical records (6-10-15, 9-2-15, and 9-14-15) indicate ongoing complaints of right foot and ankle pain. He noted a decrease in pain on 6-10-15, rating "3 out of 10". He had received and "injection" in the sinus tarsi of the right foot approximately 2 weeks prior to that visit. On 9-14-15, he rated his right foot and ankle pain "7 out of 10" without medications. The physical exam (9-2-15) reveals pain on palpation "just distal to the sinus tarsi along the EDB muscle". Diagnostic studies have included x-rays of the right foot and ankle, as well as an MRI of the right foot. Treatment has included use of ice, stretching exercises, custom orthotics, medications and work restrictions. The treating provider ordered FBDP and (HS) AGB compound creams on 9-14-15. The utilization review (9-24-15) includes a request for authorization of compound: FBDP Flurbiprofen 20%-Baclofen 10%-Dexamethasone 1%-Panthenol 0.5% in cream base #240gms, no refill (apply a thin layer 2-3 times a day as needed). The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: FBDP Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% in cream base #240 gm, no refill (apply a thin layer 2-3 times a day prn, rx date 9/14/15): 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: The 41 year old patient complains of pain right foot and ankle, rated at 7/10 without medications, as per progress report dated 09/14/15. The request is for COMPOUND: FBDP FLURBIPROFEN 20%, BACLOFEN 10%, DEXAMETHASONE 1%, PANTHENOL 0.5% IN CREAM BASE #240 gm, NO REFILL (APPLY A THIN LAYER 2-3 TIMES A DAY PRN, RX DATE 9/14/15). There is no RFA for this case, and the patient's date of injury is 12/22/12. Diagnoses, as per progress report dated 09/14/15, included contusion of foot, and crushing injury of ankle. Medications included Diclofenac, Pantoprazole, and topical compounded creams. The patient is status post right ankle osteochondritis dissecans repair arthroscopy on 03/22/13, as per progress report dated 09/02/15. Diagnoses, as per this report, also included sinus tarsi syndrome and subtalar joint sprain. The patient has been allowed to return to work with restrictions, as per the same report. MTUS chronic guidelines 2009, page 111 and Topical Analgesics, state that there is no evidence for use of any muscle relaxants such as Baclofen as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, a request for FBDP Flurbiprofen 20%- Baclofen 10%-Dexamethasone 1%-Panthenol 0.5% in cream base is only noted in progress report dated 09/14/15. It is not clear if this is the first prescription of this topical formulation or if the patient has used it in the past. The treater does not document the efficacy of the cream. Additionally, there is no indication of peripheral joint arthritis for which topical Flurbiprofen is recommended, and MTUS does not support the use of topical muscle relaxants such as Baclofen in topical form. Furthermore, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.