

Case Number:	CM15-0027218		
Date Assigned:	02/19/2015	Date of Injury:	09/24/2012
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old male who sustained a work related injury September 24, 2012. According to a primary treating physician's progress report, dated January 12, 2015, the injured worker presented for a follow-up with persistent pain in the right ankle and foot, rated 3-4/10 and constant. He received custom orthotics and is using them and ambulating for an hour and a half. Examination of the right ankle and foot revealed decreased range of motion and tenderness over the plantar fascia and Achilles tendon. Diagnosis is documented as s/p right fasciotomy with slightly impaired gait, and foot and ankle pain secondary to surgery. Treatment plan included; request for authorization for consultation follow-up, topical cream and pending authorization for Topaz ablation surgery. According to utilization review dated January 19, 2015, the request for Flurbiprofen/Lidocaine cream (20%/15%) 180gm is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Cream(20%/15%) 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication is a combination of ingredients. These ingredients are not listed in the California MTUS as recommended agents to be used as topical analgesics. Therefore criteria as set forth in the California MTUS have not been met and the request is not certified.