

Case Number:	CM15-0218882		
Date Assigned:	11/10/2015	Date of Injury:	12/06/2010
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female injured worker suffered an industrial injury on 12-6-2010. The diagnoses included chronic low back pain, painful gait and left hip contusion and repair of the peroneus brevis tendon, plantar fascia release of the right foot and lateral ligaments of the right ankle. On 9-23-2015 the provider reported low back pain. The provider noted a low back MRI 9-5-2015 that revealed significant disc desiccation and herniated discs. He reported the injured worker demonstrated difficulty with weight bearing due to low back. The provider noted continued pain in the left ankle, continued instability in the left ankle joint, difficulty with functional weight bearing status and still using a brace for the left ankle. Diagnostics included right ankle MRI 3-31-2011 revealed low-grade sprain of the anterior talofibular ligament and lumbar MRI 6-1-2012 and 9-5-2015. The medical record did not indicate which body part the requested treatment was used for and there was no comprehensive pain evaluation with pain levels with and without medication. Request for Authorization date was 9-24-2015. Utilization Review on 10-9-2015 determined non-certification for FCL 240 G20% -4% -5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL 240 G20% -4% -5% #30: 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 claimant sustained a work injury in December 2010 when she stepped backwards and twisted her right ankle while working as a packer. She continues to be treated for bilateral ankle and back pain. She underwent successful surgical repair of the right peroneus brevis and a plantar fascia release. She has findings of instability on the left side and surgery is being recommended. When seen in September 2015, lumbar spine MRI results were reviewed. Physical examination findings included difficulty with weight bearing due to back pain. There was a well healed right ankle incision. Requests included topical compounded cream and a topical spray. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The request is not medically necessary.