

Case Number:	CM15-0224940		
Date Assigned:	11/20/2015	Date of Injury:	05/18/2011
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 31-year-old female, with a reported date of injury of 05-18-2011. The diagnoses include right foot pain, Morton's neuroma, and metatarsalgia. The progress reports dated 08-13-2015 and 09-10-2015 indicates that the injured worker had right foot pain due to a Morton's neuroma. She reported that she continued to have pain to the right foot, especially between the second and third toes, even after surgery. The injured worker wanted to stay with conservative measures due to the recent birth of her daughter. The objective findings (08-13-2015 and 09-10-2015) include walking with a limp; hypersensitivity over the dorsal skin; and pain between the second and third toes. It was noted that the injured worker has had the pain for more than a year and conservative care has been tried, but nothing has helped so far. The injured worker's work status was noted as modified duties, and that the injured worker was not currently working. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included right foot surgery and Flurbiprofen 10%-Cyclobenzaprine 1%-Gabapentin 6%-Lidocaine 2%-Prilocaine 2% in Lidoderm ActiveMax (since at least 04-2015). The treating physician requested Flurbiprofen 10%-Cyclobenzaprine 1%-Gabapentin 6%-Lidocaine 2%-Prilocaine 2% in Lidoderm ActiveMax 1.6 grams (1 pump) to painful areas up to 5 times days 8 grams per day, with 5 refills for pain and inflammation of her right foot. On 10-26-2015, Utilization Review (UR) non-certified the request for Flurbiprofen 10%-Cyclobenzaprine 1%-Gabapentin 6%-Lidocaine 2%-Prilocaine 2% in Lidoderm ActiveMax 1.6 grams (1 pump) to painful areas up to 5 times days 8 grams per day, with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm activemax 1.6 grams (1 pump) with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, prilocaine 2% and Lidoderm activemax 1.6 g (one pump) with five refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right foot pain; status post Morton's neuroma; and metatarsalgia. Date of injury is May 18, 2011. Request for authorization is September 9, 2015. According to August 13, 2015 progress note, each worker has ongoing right pain with a Morton's neuroma. The worker is requesting conservative treatment due to the recent birth of the child. Pain is ongoing for greater than one year. Objectively, the injured worker ambulates with a limp. There are no other objective findings documented. The treating provider is prescribing the topical analgesic to reduce pain and inflammation in the right foot. According to a September 10, 2015 progress note, the injured worker does not want to appeal the denial of the topical analgesic cream. Flurbiprofen is not FDA approved for topical use. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Topical lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, cyclobenzaprine, gabapentin, and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, prilocaine 2% and Lidoderm activemax 1.6 g (one pump) with five refills is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, prilocaine 2% and Lidoderm activemax 1.6 g (one pump) with five refills is not medically necessary.