

Case Number:	CM15-0041477		
Date Assigned:	03/11/2015	Date of Injury:	10/03/2012
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: Texas, California
 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 51 year old male, who sustained an industrial injury on 10/3/12. He has reported falling off a ladder with injury to left foot. The diagnoses have included ankle fracture, degenerative arthritis of knee, chronic pain, left foot pain, and left ankle pain. Treatment to date has included medications, 8 sessions of physical therapy, injections, cast, cane, compression stockings and CAM walker. Surgery included Open Reduction and Internal Fixation (ORIF) on 10/3/12 and removal of external fixation device followed by Open Reduction and Internal Fixation (ORIF) distal tibia and fibula fractures medial malleolus fracture on 10/22/12. He also had Open Reduction and Internal Fixation (ORIF) distal tibia and fibula fractures with 2 plates and 21 screws on 10/20/14 and left knee injection with significant relief on 8/25/14. Currently, as per the physician progress note dated 1/20/15, the injured worker complains of continued left lower extremity pain in the foot and leg associated with electrical and sharp shooting pain. He rates that pain 6/10 without medications and 4/10 with use of Norco. He also states that the Norco allows him to sleep five hours versus one and a half hours. He is walking with use of a cane. The current medications include Voltaren gel, Norco, Tramadol, Omeprazole, naproxen, Relafen, Ambien, and laxative. The exam of the lower extremities revealed slightly better range of motion of left toes to plantar flexion, able to flare great toe only, +2 pedal edema, compression stocking present, and left lower extremity extended and knee bent at 45 degree angle. The left knee was less tender with increased range of motion and left shoulder had decreased range of motion due to pain, tenderness and crepitus. The Treatment Plan included re-fill of medications with no changes. The patient had received left knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD (Flurbiprofen/Flexeril/Gaba/Lido/Prilo/Keta 120g): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Request: CMPD (Flurbiprofen/Flexeril/Gaba/Lido/Prilo/Keta 120g; According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The muscle relaxant Cyclobenzaprine in topical form is not recommended by MTUS. Flurbiprofen is NSAID. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended. Topical Flurbiprofen, Gabapentin and Cyclobenzaprine are not recommended in this patient for this diagnosis as cited. The medical necessity of the request for CMPD Flurbiprofen/Flexeril/Gaba/Lido/Prilo/Keta 120g is not fully established in this patient.

CMPD (Lido/Prilo/Lamotrigine/Mobic) topical cream: 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 Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: CMPD (Lido/Prilo/Lamotrigine/Mobic) topical cream; According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Mobic is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended. Topical Mobic is not recommended by MTUS. The medical necessity of the medication CMPD (Lido/Prilo/Lamotrigine/Mobic) topical cream is not fully established in this patient.