

Case Number:	CM15-0046993		
Date Assigned:	03/19/2015	Date of Injury:	02/16/2014
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 46 year old male, who sustained a work/industrial injury on 2/16/14. He has reported initial symptoms of right knee, ankle, and hip pain. The injured worker was diagnosed as having Achilles tendon rupture. Treatments to date included medication, orthopedic consult with surgery (excision of lipomatous tissue, excision of bone from lateral ankle joint and talus, lateral ankle stabilization, modified Brostrom type, with anchors, right lower extremity), and physical therapy. Currently, the injured worker complains of pain in right ankle. The treating physician's report (PR-2) from 2/5/15 indicated stability and less pain and swelling to the affected ankle post surgery. Staples were removed. Cam walker boot was to replace the J-splint. Medications included Ultram, Naprosyn, OxyContin, and topical Flurbiprofen/Lidocaine cream. Treatment plan included Flurbiprofen/Lidocaine Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Cream (20 Percent/5 Percent) 180 Gram: Upheld

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

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

Decision rationale: The patient is a 46 year old male with an injury on 02/16/2014. He has ankle pain. MTUS, Chronic Pain guidelines note that lidocaine cream is not recommended and NSAIDS topical is not supported by large, well done clinical studies. MTUS guidelines note that when one of the active ingredients of a compound topical analgesic is not recommended, then the entire compound is not recommended. Thus, the requested cream is not recommended and is not medically necessary.