

Case Number:	CM15-0054659		
Date Assigned:	03/30/2015	Date of Injury:	04/27/2013
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old male who sustained an industrial injury on 04/27/2013. Diagnoses include status post right foot crush injury, avulsion fracture of navicular with subsequent infection and surgery, rule out reflex sympathetic dystrophy versus neurologic damage, and sural neuropathy, per Nerve Conduction Study. Treatment to date has included diagnostics, surgery, physical therapy, and medications. A physician progress note dated 01/21/2015 documents the injured worker has pain in his right foot rated a 6 out of 10 on the Visual Analog Scale. There is grade 2-3 tenderness to palpation in the right ankle and foot, and limited range of motion of the right ankle. Physical therapy has helped decrease his pain and increase his function. The treatment plan was for continued physical therapy, Motrin, extracorporeal shockwave therapy and urine toxicology testing. Treatment requested is for Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, 180gm, unknown quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, 180gm, unknown quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, 180gm, unknown quantity is not medically necessary.