

Case Number:	CM15-0055059		
Date Assigned:	03/30/2015	Date of Injury:	11/25/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
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: Connecticut, California, Virginia
 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 53 year old male, who sustained an industrial injury on November 25, 2012. He reported an ankle injury. The injured worker was diagnosed as having an ankle sprain/strain and status post lateral medial malleolus fracture in 2012. Treatment to date has included x-rays, MRI, boot and non-weight bearing, a cam walker, single point cane, steroid injections, physical therapy, and oral and topical pain medications. On March 31, 2015, the injured worker complains of constant pain and swelling of the left ankle and left foot swelling and numbness. He is improving with physical therapy and able to walk longer. The physical exam revealed palpable tenderness of the left toes, medial ankle, and lateral mortise joint, just below the lateral malleolus, with edema. There was decreased muscle strength, a well-healed surgical scar on the medial ankle, and decreased range of motion. The treatment plan includes an MRI of the left ankle, physical therapy for the left ankle and left knee, a home inferential unit, a left knee hinged brace, and topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL topical (Flurbiprofen 20%/Tramadol 20%) in 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: A request for a topical compound containing flurbiprofen and tramadol requires consideration of the MTUS guidelines. The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Flurbiprofen may be indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is insufficient evidence in the provided records to indicate that oral medications are ineffective in controlling pain. The ODG ankle chapter does not indicate strong evidence for use of topical treatment with NSAIDs or opioids in cases of ankle injury. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities makes the requested treatment not medically necessary.