

Case Number:	CM15-0082180		
Date Assigned:	05/04/2015	Date of Injury:	05/23/2014
Decision Date:	07/07/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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, Illinois

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 23-year-old male, who sustained an industrial injury on 5/23/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having other joint derangement, not elsewhere classified, ankle and foot, and pain in joint, ankle and foot. Treatment to date has included right ankle surgery on 3/17/2015. Currently (3/25/2015), the injured worker complains of right foot pain, rated 5/10. Physical exam noted ankle instability, weakness, and limited range of motion. The treatment plan included post-operative physical therapy, lace up brace, urine screening, and medications. A previous visit (3/11/2015) noted multiple medication prescriptions, including the current at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4%, Compound 180grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

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

Decision rationale: The injured worker sustained a work related injury on 5/23/2014. The medical records provided indicate the diagnosis of other joint derangement, not elsewhere classified, ankle and foot, and pain in joint, ankle and foot. Treatments has included right ankle surgery on 3/17/2015. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4%, Compound 180grams. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the components of this compounded topical analgesic is recommended. The request is not medically necessary.

Kera tek gel 40z: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

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

Decision rationale: The injured worker sustained a work related injury on 5/23/2014. The medical records provided indicate the diagnosis of other joint derangement, not elsewhere classified, ankle and foot, and pain in joint, ankle and foot. Treatments has included right ankle surgery on 3/17/2015. The medical records provided for review do not indicate a medical necessity for Kera tek gel 40z. Kera tek gel is a topical analgesic containing Menthol and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not recommended.

Orphenadrine 50mg/caffeine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Compound drugs.

Decision rationale: The injured worker sustained a work related injury on 5/23/2014. The medical records provided indicate the diagnosis of other joint derangement, not elsewhere classified, ankle and foot, and pain in joint, ankle and foot. Treatments has included right ankle surgery on 3/17/2015. The medical records provided for review do not indicate a medical necessity for Orphenadrine 50mg/caffeine 10mg #60. Orphenadrine is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants as an option for short term treatment of acute exacerbation of chronic low back pain. The MTUS is rather silent on compounded drugs. However the Official Disability Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Since

caffeine is not a recommended drug for chronic pain, the requested treatment is not medically necessary.

Flurbiprofen 100mg/Omeprazole 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 5/23/2014. The medical records provided indicate the diagnosis of other joint derangement, not elsewhere classified, ankle and foot, and pain in joint, ankle and foot. Treatments has included right ankle surgery on 3/17/2015 The medical records provided for review do not indicate a medical necessity for Flurbiprofen 100mg/Omeprazole 10mg #60. The prescription is a combination of an NSAID and a proton pump inhibitor.

Gabapentin 250mg/Pyridoxine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Compound drugs.

Decision rationale: The injured worker sustained a work related injury on 5/23/2014. The medical records provided indicate the diagnosis of other joint derangement, not elsewhere classified, ankle and foot, and pain in joint, ankle and foot. Treatments has included right ankle surgery on 3/17/2015. The medical records provided for review do not indicate a medical necessity for Gabapentin 250mg/Pyridoxine 10mg #60 10mg #60. Gabapentin is an antiepilepsy drug. The MTUS recommends the use of antiepilepsy drugs as first line agents for neuropathic pain. The MTUS is rather silent on compounded drugs. However, the Official Disability Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Since Pyridoxine is not a recommended drug for chronic pain, the requested treatment is not medically necessary.