

Case Number:	CM15-0082534		
Date Assigned:	05/04/2015	Date of Injury:	10/15/2009
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male who sustained an industrial injury on 10/15/2009. His diagnoses, and/or impressions, are noted to include: right heel fracture, status-post right calcaneus fracture open reduction internal fixation; sub-talar joint degenerative joint disease; chronic lumbar strain with moderate degenerative disc narrowing and "radic"; obesity; anxiety and depression. No current imaging studies are noted. His treatments have included therapy for the lumbar spine, not beneficial; ultrasound of the right foot, noting a torn tendon; psychiatric treatment; lumbar epidural steroid injections x 2 (2014), no relief; facet block, did not help; home exercise program; activity restrictions; and medication management. The progress notes of 3/4/2015 noted complaints that included an intermittent, mild-moderate lumbar spine ache, with "radic" to the bilateral lower extremities that is without change; and mild-moderate right ankle pain that increases with activity and was briefly helped by a cortisone injection on 2/12/2015. The physician's requests for treatments were noted to include a compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream medication-FlurbiCapCampMenthol cream: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Compound cream medication-FlurbiCapCampMenthol cream is not medically necessary.