

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0089887 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 08/26/2008 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on 08/26/2008. She has reported subsequent right ankle and left knee pain and was diagnosed with osteochondral defect of the right ankle, stress fractures of the talus, arthritis changes of the ankle joint, degenerative joint disease of the left knee and status post right ankle arthroscopy. Treatment to date has included oral pain medication, bracing, splinting, aqua therapy and surgery. In a progress note dated 02/23/2015, the injured worker complained of right ankle and right knee pain. Objective findings were notable for tenderness to palpation of the medial and lateral joint line of the right knee, positive McMurray's sign, crepitus and tenderness to palpation of the Achilles tendon of the right ankle. A request for authorization of pharmacy purchase of Flurbiprofen/Cyclobenzaprine/Lidocaine compound on 03/05/2015 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: DOS: 03/05/15 pharmacy purchase of Flurbiprofen; Cyclobenz; Lidocaine (FCL) compound 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the claimant had been on oral NSAIDs and opioids. The compound in question also contains topical NSAID, which can reach systemic levels similar to oral NSAIDs. Since the compound above contains these topical medications, the compound in question is not medically necessary.