

Case Number:	CM14-0145458		
Date Assigned:	09/12/2014	Date of Injury:	11/14/2013
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 37 year-old male with a history of a work injury occurring on 11/14/13 when he twisted his left ankle while getting off a forklift. He was seen the next day with pain. He had tenderness with full range of motion and a mildly antalgic gait. Anaprox was prescribed and he was referred for physical therapy and an ankle support was provided. Treatments included 12 sessions of physical therapy. He has not worked since 12/04/13. On 02/20/14 his orthopedic evaluation was reviewed. On 02/20/14 Anaprox was continued. He was to schedule physical therapy treatments. On 03/21/14 there had been an overall 30% improvement. Pain was rated at 4/10. He was taking Anaprox intermittently. Care was continued unchanged. On 04/21/14 a Functional Capacity Evaluation had been recommended. On 04/28/14 he had ongoing symptoms and continued to be treated for a left ankle sprain. There was a pending appointment for the Functional Capacity Evaluation. On 05/12/14 pain was rated at 2/10. He was having left ankle clicking especially with eversion. He was completing his course of physical therapy. On 06/09/14 pain was rated at 2-3/10 with prolonged standing and walking but he was having no pain at rest. Anaprox was refilled. On 07/10/14 he underwent the Functional Capacity Evaluation. The determination was that he would be able to return to his usual occupation. He was seen on 11/22/13. His history of injury was reviewed. Physical examination findings included decreased ankle range of motion with tenderness. He was diagnosed with a left ankle sprain/strain. On 01/06/14 he had persistent pain. He was participating in physical therapy and taking medications. Authorization for an ankle MRI was requested. An MRI of the left ankle on 01/13/14 showed findings of possible posterior tibial and flexor hallucis longus tendonitis and were consistent with a sprain or partial tear of the deltoid, calcaneofibular, and posterior talofibular ligaments. There was increased signal involving the subtalar joint and calcaneus.

There was soft tissue edema. On 01/14/14 MRI results were reviewed. He was referred for an orthopedic evaluation and was seen for this on 01/28/14. His history of injury and subsequent treatments were reviewed. Physical examination findings included decreased left ankle strength with poor balance. There was pain over the calcaneofibular ligament. Recommendations included physical therapy and use of an ankle support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is status post work related injury and has been treated for a left ankle sprain/strain. He has imaging findings consistent with tendonitis and partial ligament tears. The claimant takes Naprosyn and edema is referenced as controlled. He has pain with prolonged standing and walking. The requested topical analgesic contains gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time.

Topical compound: Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is status post work related injury and has been treated for a left ankle sprain/strain. He has imaging findings consistent with tendonitis and partial ligament tears. The claimant takes Naprosyn and edema is referenced as controlled. He has pain with prolonged standing and walking. In terms of the compounded medication being prescribed, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment

for neuropathic pain. Its use as a topical product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time.

Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 73.

Decision rationale: The claimant is status post work related injury and has been treated for a left ankle sprain/strain. He has imaging findings consistent with tendonitis and partial ligament tears. The claimant takes Naprosyn and edema is referenced as controlled. He has pain with prolonged standing and walking. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested strength (550 mg) is within the recommended dosing guidelines and therefore medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is status post work related injury and has been treated for a left ankle sprain/strain. He has imaging findings consistent with tendonitis and partial ligament tears. The claimant takes Naprosyn and edema is referenced as controlled. He has pain with prolonged standing and walking. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication, but at a low dose and on an as needed basis. Guidelines do not recommend that a proton pump inhibitor such as pantoprazole be prescribed.

Tramadol ER 150mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing, Page(s): 76-80; 86.

Decision rationale: The claimant is status post work related injury and has been treated for a left ankle sprain/strain. He has imaging findings consistent with tendonitis and partial ligament tears. The claimant takes Naprosyn and edema is referenced as controlled. He has pain with prolonged standing and walking. In this case, although the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking he is not having any baseline pain. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is not present in this case. Therefore, the continued prescribing of Tramadol ER was not medically necessary.