

Case Number:	CM14-0176286		
Date Assigned:	10/29/2014	Date of Injury:	06/20/2014
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the provided documents, this is a 34-year-old man with an injury date of 6/20/14. He reportedly lost control of the pallet jack and injured the left foot/ankle. The disputed treatments addressed in this review are cyclo-keto-lido cream 240 g BID with one refill and naproxen 550 mg b.i.d. #60 with one refill. These were provided for the patient on 10/8/14 and 9/2/14; he was given Naprosyn on 8/4/14 per the initial report of that date. This patient treated prior to that with a different provider who treated a wound between his toes, prescribed analgesics and recommended activity restriction. He was seen by the current provider initially on 8/4/14 with ongoing complaints of pain in the left ankle and foot. On that visit in addition to naproxen, he was given an interferential unit and planned for follow-up in 3 to 4 weeks. Physical therapy (PT) was ordered. The 9/2/14 visit indicated that there was no change since the previous. The topical was added but no mention of why it was added was provided. Acupuncture was also ordered that visit. He was on modified duty. At the 10/8/14 visit, patient did report subjective improvement in pain, mobility, and activities of daily living. No specific examples of improvement in activities of daily living were given. He was reportedly benefiting from the PT in the acupuncture. Home exercise program was instructed. He was continued on modified duty without advancing the restrictions. The naproxen and the topical cream were refilled again. None of the reports mentioned the actual daily frequency of use of the naproxen or what if any specific functional benefit was derived from use. The PT and acupuncture were credited with the patient's improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg twice a day, # 60, one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

Decision rationale: At the time of this request, the patient had been on naproxen for about 2 months. During that time, patient was receiving physical therapy and acupuncture, and he remained on a modified duty status; no mention was made if he was actually working. There is no specific indication that the Naprosyn reduced the patient's need for additional treatment or resulted in functional benefit in terms of ability to do more activities of daily living or progress towards returning to regular work. Although ACOEM guidelines do support non-steroidal anti-inflammatory drugs (NSAIDs) as first-line palliative measures, continued treatment per MTUS guidelines requires documentation of objective functional improvement, which is not described in the requesting report. Therefore, based upon the evidence and the guidelines continued treatment with the naproxen is not medically necessary.

Cyclo-Keto-Lido Cream 240 gm, twice a day with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

Decision rationale: This is a topical compounded medication that contains an anti-inflammatory (ketoprofen), a muscle relaxant (cyclobenzaprine) and an antiepileptic drug, (gabapentin). ACOEM guidelines do not support use of topical medications in the treatment of acute injuries. At the time of the prescription, this injury was still acute as the ACOEM treatment algorithms had not yet been completed. Furthermore, there is no indication why this patient would require both an oral and topical NSAID and a medication that is only supported for chronic neuropathic pain, gabapentin. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.