

Case Number:	CM14-0197324		
Date Assigned:	12/05/2014	Date of Injury:	11/05/2009
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 11/15/2009 as an object fell on her left foot. She was diagnosed with left foot sprain/strain, 2nd metatarsal fracture left foot, left leg sprain/strain, lumbar disc disease with radiculopathy, sleep disorder, and depressive disorder. She was treated with medications (including topical analgesics), acupuncture, and walking boot. On 9/9/14, the worker was seen by her primary treating physician reporting unchanged and persistent left foot symptoms/pain, but medications being helpful. She also reported using crutches to walk. Physical examination revealed tenderness of left foot with painful range of motion testing and to the lumbar area, and decreased sensation of the left leg (worse than previous). She was then recommended right foot injection, home exercises, referral to spine specialist, continuation of pantoprazole, Norco, and topical Flurbiprofen/tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flubiprofen 20% cream 30gm - Tramadol 20% Cream 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, it is unclear as to why she was recommended topical NSAID/opioid medications instead of oral medications. She was taking oral opioids already. There was no evidence found in the documents provided for review to suggest oral NSAID were contraindicated in this worker. Previous use of topical Flurbiprofen of this worker did not result in any follow-up report of its positive effects on the worker's pain or functional level, which might have helped justify its continuation. Considering the above, the topical Flurbiprofen/tramadol is not medically necessary.