

Case Number:	CM15-0015309		
Date Assigned:	02/03/2015	Date of Injury:	08/18/2009
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 54 year old male with an industrial injury dated August 18, 2009. The injured worker diagnoses include ankle sprain and Achilles tendonitis. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. In a progress note dated 12/11/2014, his treating physician reports continued tenderness and some edema in the posterior aspect of the Achilles tendon and also overlying the retrocalcaneal bursa at the posterior calcaneus. Documentation noted that the injured worker had a continued antalgic gait pattern favoring propulsion on the left foot. The treating physician prescribed compound cream: Diclofenac, Flurbiprofen, and Lidocaine 90 g tub, QTY: 1 now under review. UR determination on January 7, 2015 denied the request for compound cream: Diclofenac, Flurbiprofen, and Lidocaine 90 g tub, QTY: 1, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Diclofenac, Flurbiprofen, and Lidocaine 90 g tub, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Diclofenac, Flurbiprofen, and Lidocaine 90 g tub, QTY: 1 is not medically necessary.