MAXIMUS Federal Services

| Case Number: | CM15-0115961 | | |
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| Date Assigned: | 06/24/2015 | Date of Injury: | 06/09/2014 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

## 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 50 year old male who sustained an industrial injury on June 9, 2014. The injury occurred while running. The injured worker has been treated for bilateral ankle and foot complaints. The diagnoses have included chronic posterior ankle impingement, Os Trigonum syndrome, right ankle chronic brevis tendinosis without evidence of a high-grade tear, left ankle compensatory strain and right Achilles insertional tendonitis. Treatment and evaluation to date has included medications, radiological studies, MRI, lace-up brace, physical therapy, home exercise program and excision of a left foot mass. Current documentation dated May 19, 2015 notes that the injured worker reported bilateral ankle and foot pain. The pain was rated a four out of ten on the visual analogue scale with use of Naproxen and seven out of ten without naproxen. The documentation notes the left foot pain was worsening at the Achilles insertion. The pain was noted to be better with therapy and rest. Examination of the right ankle revealed tenderness at the Achilles insertion. Left ankle examination revealed tenderness medially, laterally and at the Achilles insertion. Range of motion was noted to be decreased due to pain. The treating physician's plan of care included continuation of naprosyn, continuation of physical therapy, and a request for the topical analgesic Flurbuprofen 20%, Baclofen 5% and Lidocaine 4% 180 gm to provide better pain control without the need for stronger pain medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurb 20%, Baclo 5%, Lido 4%, Qty 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidocaine, Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. There is lack of clinical evidence in this case that the injured worker failed a trial of anti-depressant medications and anti-convulsant therapy. MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. The guidelines do not recommended Baclofen in a topical form. Furthermore, topical Lidocaine in the formation of a dermal patch has been designated for neuropathic pain. However, no other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. The requested treatment contains flurbiprofen, Baclofen and Lidocaine which are not recommended by the guidelines. Therefore, the request for Flurbuprofen 20%, Baclofen 5% and Lidocaine 4 % 180 gm is not medically necessary.