

Case Number:	CM15-0117376		
Date Assigned:	06/25/2015	Date of Injury:	04/10/2003
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 4/10/03. She has reported initial complaints of a left ankle injury. The diagnoses have included sprain/strain of left ankle/foot, left ankle instability, plantar fasciitis, peroneal tenosynovitis, and painful gait. Treatment to date has included medications, activity modifications, physical therapy, diagnostics, chiropractic, and orthopedic consult, Magnetic Resonance Imaging (MRI) of the left foot, X-rays of the left foot, controlled ankle movement (CAM) boot, synvisc injections, surgery and other modalities. Currently, as per the physician progress note dated 4/30/15, the injured worker complains of continued symptomology regarding the left ankle. The physician notes that the Magnetic Resonance Imaging (MRI) of the left ankle was reviewed and reveals worsening condition with regard to the osteochondral defect. The orthopedic exam reveals continued pain in the left ankle, lateral joint line. There is pain with range of motion, pain with dorsiflexion of the ankle at the syndesmotoc posterior ligament causing pain to direct palpation of the region. The pain increases to end range of motion of dorsiflexion and plantar flexion which is consistent with the symptomologies of the injured worker. The physician recommended topical cream to decrease symptomologies and arthroscopic surgery to the left ankle with osteochondral drilling. The physician requested treatments included Topical FCL cream and Fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical FCL cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-112.

Decision rationale: FCL contains Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants Cyclobenzaprine is not recommended due to lack of evidence. In addition the claimant did not have arthritis or neuropathy to justify topical Flurbiprofen or Lidocaine. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: According to the guidelines, arthroscopy is not indicated for diagnostic purposes. In this case, the claimant does have osteochondral defect and will undergo drilling. As a result, the arthroscopy will be necessary. The request for fluoroscopy however, was not justified. MR or CT arthrography provides better imaging and the arthroscopic camera already would provide visualization of the soft tissues. Therefore fluoroscopy is not medically necessary.