

Case Number:	CM15-0124478		
Date Assigned:	07/09/2015	Date of Injury:	12/26/2013
Decision Date:	09/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 30-year-old male, who sustained an industrial injury on 12/26/2013. He has reported subsequent back, right ankle and foot pain and was diagnosed with right posterior tibial tendon dysfunction, bilateral foot, pes planus, compensatory strain of the lumbar spine and status post surgery of the right foot and ankle. Treatment to date has included medication and surgery. The injured worker underwent right foot and ankle surgery including posterior tibial tendon repair/reconstruction, calcaneal osteotomy, gastrocnemius recession and flexor digitorum longus tendon transfer to posterior tibial tendon on 05/04/2015. In a progress note dated 05/12/2015, the injured worker complained of right ankle and foot pain that was rated as 7/10. No abnormal objective examination findings were documented. Right foot and ankle were splinted and covered with bandages so no examination of these areas could be performed. Work status was temporarily totally disabled. The physician noted that topical medication would be requested to attempt to help with pain control. A request for authorization of topical Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol cream 4% 180 grams was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol Cream 4% 180gm: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case the requested topical compound contains Flurbiprofen, Cyclobenzaprine and Menthol cream. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect, over another two-week period. Cyclobenzaprine is not FDA approved for use as a topical application. Medical necessity for the requested topical compounded medication has not been established. The requested topical cream is not medically necessary.