

<b>Case Number:</b>	CM15-0142240		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Virginia  
 Certification(s)/Specialty: Neurology

### 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 January 10, 2013. She reported right-sided low back pain radiating into the legs and right ankle pain. The injured worker was diagnosed as having ankle instability, osteochondral defect of the right ankle status post arthroscopic surgery, loose bodies of the right ankle status post arthroscopic surgery, overuse syndrome of the left lower extremity and right-sided low back pain. Treatment to date has included diagnostic studies, surgical intervention of the right ankle, injections of the right ankle, TENS unit for the right ankle, physical therapy, medications and work restrictions. Currently, the injured worker continues to report right-sided low back pain radiating into the legs and right ankle pain with associated crepitus of the ankle. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 29, 2015, revealed continued pain in the right ankle and low back radiating into the legs. Assessment of the right ankle revealed painful functionality and crepitus. An injection of the right ankle was administered. Evaluation on May 27, 2015, revealed continued pain with associated symptoms. It was noted she had an antalgic gait and continued mild crepitus. No injection of the right ankle was administered secondary to no benefit with the previous injection. Evaluation on May 29, 2015, revealed continued pain. She rated her right ankle pain at 6-8 out of 10 with 10 being the worst and her low back pain at 5-8 on a 1-10 scale with 10 being the worst. She reported her current medications allowed her to perform activities of daily living and to remain functional. FCN 20%, 4%, 5% (unspecified quantity) was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% topical cream (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS guidelines state "topical analgesics for the use and chronic pain are largely experimental in use with few randomized controlled trial to determine efficacy or safety". These medications are primarily recommended for neuropathic pain in trials when antidepressants and anticonvulsants have failed. In the case of the injured worker, there is documented low back pain, bilateral leg pain and right ankle pain. There is a documented diagnosis of right ankle osteochondral defect status post right ankle arthroscopic surgery. Neurologic exam has been normal without clinical evidence of a neurologic defect throughout the medical record. There is no documentation to suggest that the injured workers pain is of a neuropathic etiology. Therefore, according to the guidelines and a review of the evidence, the use of FCN 20%, 4%, 5% (unspecified quantity) is not medically necessary.