

Case Number:	CM15-0172528		
Date Assigned:	09/14/2015	Date of Injury:	12/30/2013
Decision Date:	10/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female worker who was injured on 12-30-2013. The medical records reviewed indicated the injured worker (IW) was treated for mild irritation from left inversion ankle sprain. The progress notes (6-17-15 and 8-19-15) indicated the IW was doing well, with left foot pain controlled with orthotics, supportive shoes and compound medications. On physical examination (8-19-15) the left foot was still mildly irritated at the lateral talonavicular joint. Range of motion was full and the foot was stable without neurological deficits. X-rays of the left foot showed continued dorsal osteophytes that were free-floating; the talonavicular joint was otherwise well maintained with no significant posttraumatic arthritis. The IW was on modified duty. Treatments have included compound anti-inflammatory medications, orthotics and over-the-counter braces. Continued conservative care with orthotics and compounded topical medications was planned. A Request for Authorization dated 8-21-15 was received for Cyclobenzaprine 10% and Lidocaine 2%, 30Gm, #1; Flurbiprofen 20% and Lidocaine 5%, 30GM#1; and Gabapentin 10%, Amitriptyline 5% and Capsaicin 0.025% 30GM, #1. The Utilization Review on 8-31-15 non-certified the request for Cyclobenzaprine 10% and Lidocaine 2%, 30Gm, #1; Flurbiprofen 20% and Lidocaine 5%, 30GM#1; and Gabapentin 10%, Amitriptyline 5% and Capsaicin 0.025% 30GM, #1 for failure to meet CA MTUS Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Lidocaine 2% 30 grms Qty: 1: 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: The claimant sustained a work injury in December 2013 and is being treated for left ankle and foot and right hand pain. Injuries included an inversion sprain of the ankle with an avulsion fracture of the talar neck treatments with casting and orthotics. Medications have included oral NSAIDs She underwent right wrist arthroscopic surgery in March 2015 with a partial synovectomy and excision of pisiform. When seen, there was full ankle range of motion. There was mild lateral talonavicular joint irritability. Compounded topical medications are being prescribed. In terms of topical treatments, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.

Flurbiprofen 20%, Lidocaine 5% 30 grms Qty:1: 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: The claimant sustained a work injury in December 2013 and is being treated for left ankle and foot and right hand pain. Injuries included an inversion sprain of the ankle with an avulsion fracture of the talar neck treatments with casting and orthotics. Medications have included oral NSAIDs She underwent right wrist arthroscopic surgery in March 2015 with a partial synovectomy and excision of pisiform. When seen, there was full ankle range of motion. There was mild lateral talonavicular joint irritability. Compounded topical medications are being prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical Diclofenac and oral NSAID medications have been prescribed without evidence of intolerance. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other

single component topical treatments with generic availability that could be considered. The requested medication was not medically necessary.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 30 grms Qty: 1: 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: The claimant sustained a work injury in December 2013 and is being treated for left ankle and foot and right hand pain. Injuries included an inversion sprain of the ankle with an avulsion fracture of the talar neck treatments with casting and orthotics. Medications have included oral NSAIDs. She underwent right wrist arthroscopic surgery in March 2015 with a partial synovectomy and excision of pisiform. When seen, there was full ankle range of motion. There was mild lateral talonavicular joint irritability. Compounded topical medications are being prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including Amitriptyline. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.