MAXIMUS Federal Services

Case Number:	CM15-0173429		
Date Assigned:	09/15/2015	Date of Injury:	10/02/2001
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/02/2015

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:

The injured worker is a 53 year old female who sustained an industrial injury on 10-2-01. Diagnoses are noted as status post right tarsal tunnel release 11-14-14, status post repair of the lateral ligaments in the right ankle, status post repair of the peroneal tendons in the right ankle, painful internal fixation, tarsal tunnel syndrome-electromyography confirmed, plantar fasciitis right foot, and achilles tendon injury. Previous treatment includes 3 injections, orthotics, night splints, surgery, oral and topical medication, and physical therapy. In a podiatric progress report dated 8-10-15, the physician notes a continuation of symptomologies of the right foot. She is pending authorization of surgery. It is noted she continues to have symptomatic pain with weight-bearing, squatting, crouching, heel-walking, and heel-standing. Deep tendon reflexes for the Achilles and patellar tendons are 2+ out of 4 bilaterally. She ambulates in a full weight-bearing manner. Pain is noted at the plantar fascia and in the distal portion of the tarsal scar. The recommendation is for surgical intervention and to refill the topical medications as she is deriving pain relief benefit from them. The requested treatment of Flurbiprofen 20%-Cyclo-benzaprine 4%-Lidocaine 5%, 240 grams was non-certified on 8-27-15.

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% 240 grams: 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 October 2001 and continues to be treated for low back and sacroiliac joint pain, bilateral leg pain, and bilateral foot pain with numbness and tingling. When seen, there was bilateral sacroiliac joint tenderness. There was decreased right lower extremity sensation. There was positive straight leg rising with positive sacroiliac joint testing. Hip flexion strength was decreased. Topical compounded cream is being requested. Flurbiprofen is a non-steroidal anti-inflammatory medication. 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. 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. 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 request is not medically necessary.