

Case Number:	CM15-0174962		
Date Assigned:	09/16/2015	Date of Injury:	02/16/2014
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male who sustained an injury on 2-16-14. Diagnoses right ankle sprain; right ankle severe ligament tears; right knee strain; rule out meniscal tear and ligament tear; status post right knee Brostrom lateral ankle stabilization procedure on 1-27-15. On 3-17-15 he had excision of hypertrophic scar and revision, repair of hypertrophic scar of the right lateral ankle. Medications after surgery were Tramadol 50 mg; Naproxen 500 mg and per the progress report on 5-18-15 he was having persistent pain in the lumbar spine, bilateral knees, bilateral hips, right ankle and bilateral feet. The pain is rated 8 out of 10 and persistent lumbar spine pain that radiates into the right lower extremity. The pain is better with rest and medication and worse with activities. Examination of the right ankle revealed intact skin, healing surgical incision over the lateral compartment, range of motion was not tested secondary to recent surgery. The records indicate he was having abdominal pain; constipation and blood stool, all as a result from the narcotics prescribed post operatively for his right ankle surgery. Authorization for Pericolace two tabs twice a day was requested; continue with Tramadol and his antibiotic and a request for Flurbiprofen, Baclofen, and Lidocaine cream was given to manage his pain. The follow up exam on 7-16-15 indicates constant and worsening right ankle pain rated at 8 out of 10, made better with rest and medication (pills), and made worse with activities. He was complaining of worsening constipation and anal bleeding secondary to the Tramadol use and continued to take Naproxen also. The scar was still healing at the distal end of the incision site without sign of infection or erythema and there was 1+ swelling in the medial and lateral aspects. He is not working and remains temporarily totally disabled. A follow up appointment with an ankle specialist was made for 7-23-15. Tramadol, Pericolace and Naproxen were

prescribed. Current requested treatments Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180 grams apply in thin layer 2 - 3 times per day or as directed. Utilization review 8-20-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% Cream 180 Grams, Apply in Thin Layer 2 to 3 Times Per Day or As Directed: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, Naproxen and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% Cream 180 Grams, Apply in Thin Layer 2 to 3 Times Per Day or As Directed is not medically necessary and appropriate.