

Case Number:	CM15-0078429		
Date Assigned:	04/29/2015	Date of Injury:	03/03/2015
Decision Date:	05/28/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/23/2015

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 48 year old female who sustained an industrial injury on 03/03/2015. Current diagnoses include left ankle sprain/strain and local neuralgia secondary to strain. There were no previous treatments. Initial complaints included immediate pain in the left ankle and lower leg after stepping wrong. Report dated 03/11/2015 noted that the injured worker presented with complaints that included burning and throbbing pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included evaluation and management, x-rays of left ankle, written prescriptions, and ace bandage applied for support. Disputed treatments include Flurlido-A cream (Fluribiprofen 20%, Lidocaine 5%, Amitriptyline 5%, #180) apply 2-4 pumps topically 2-3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido-A cream (Fluribiprofen 20%, Lidocaine 5%, Amitriptyline 5%, #180) apply 2-4 pumps topically 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in March 2015 and is being treated for left ankle pain with aching and burning. She has been using an ankle support. Medications include Naprosyn. The requested compounded medication contains Flurbiprofen, Lidocaine, and amitriptyline. 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. 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 and the claimant is also taking oral Naprosyn. Additionally, by prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication was not medically necessary.