

Case Number:	CM15-0091605		
Date Assigned:	05/18/2015	Date of Injury:	07/24/2013
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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: Maryland

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

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 65 year old male, who sustained an industrial injury on 7/24/13. He reported left foot injury. The injured worker was diagnosed as having neuroma of second interspace of left foot, metatarsalgia of left foot particularly fifth metatarsal, hallux valgus deformity and degenerative joint disease of 1st and 2nd metatarsophalangeal joints and painful gait. Treatment to date has included orthotics, physical therapy and activity restrictions. Currently, the injured worker complains of flare up of left injury, pain is rated 5-7/10. Physical exam noted mild swelling of plantar aspect of foot. A request for authorization was submitted for a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen / Cyclobenzaprine / Lidocaine Compound Medication (retro DOS 2/17/15):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen / Cyclobenzaprine / Lidocaine Compound Medication (retro DOS 2/17/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The MTUS does not support topical Lidocaine in cream, ointment or gel form for this patient's condition. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine or topical Lidocaine in this case therefore the entire product is not medically necessary.