

Case Number:	CM15-0094007		
Date Assigned:	05/20/2015	Date of Injury:	03/09/2012
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 71 year old male, who sustained an industrial injury on March 9, 2012, incurring left foot injuries. He was diagnosed with left foot and left ankle sprain, tibial dysfunction of the left foot, plantar fasciitis of the left foot and hammertoe deformity of the right hallux. Treatments included activity modifications, pain medications, analgesic patches and compound creams, orthotics, ankle bracing and physical therapy. Currently the injured worker complained of ongoing weakness and pain and instability of the left ankle and foot. The treatment plan that was requested for authorization included a prescription for a compound cream. Patient has received an unspecified number of PT visits for this injury. Per the doctor's note dated 2/26/15 patient had complaints of pain in left foot and left ankle. Physical examination revealed antalgic gait, 4/5 strength and normal sensation. The patient has used orthotic for this injury. The medication list include tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Flurbipro/Cyclobenz/Lidocaine/PCCA CUST Day supply: 30 Qty: 240 (Rx date: 4/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Lidocaine, Capsaicin, Baclofen, Other Muscle Relaxants, Gabapentin, Other antiepilepsy drugs, Ketamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Request: CMPD-Flurbipro/Cyclobenz/Lidocaine/PCCA CUST Day supply: 30 Qty: 240 (Rx date: 4/21/15). According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. As per cited guideline. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Flurbiprofen are not recommended by MTUS. CMPD-Flurbipro/Cyclobenz/Lidocaine/PCCA CUST Day supply: 30 Qty: 240 (Rx date: 4/21/15) is not medically necessary.