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| <b>Case Number:</b>   | CM13-0007144 |                              |            |
| <b>Date Assigned:</b> | 03/12/2014   | <b>Date of Injury:</b>       | 03/17/2012 |
| <b>Decision Date:</b> | 06/13/2014   | <b>UR Denial Date:</b>       | 07/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old female with date of injury of 03/17/2012. According to the progress report dated 05/29/2013, the patient presents with significant pain in the bilateral feet. She has difficulty walking with constant swelling that comes and goes. She also reports difficulty in performing activities of daily living due to pain. Objective findings show ankle range of motion is within normal limits. There is pain on palpation on the right dorsal midfoot at the 1st metatarsal and 2nd metatarsocuneiform joints. There is also pain upon palpation on the lateral aspect of the 5th metatarsal and 5th ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUND CREAM FLURBIPROFEN 20% AND TRAMADOL 20%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Tramadol is not recommended as a topical compound per MTUS guidelines. Therefore, recommendation is for denial.

**COMPOUND CREAM CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For Flurbiprofen and Salicylate, both topical NSAIDs, MTUS states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. The MTUS guidelines also require pain assessment and functional change documented with use of medication for chronic pain (pages 60,61). In this case, while the various components of this medication maybe indicated, there is no report that this compounded product has been instrumental in reducing this patient's chronic foot/ankle pain and improving function. Without such documentation, on-going use of any medication is not supported. Recommendation is for denial.

**COMPOUND CREAM AMITRIPTYLINE 6%, DEXOTROMETHORPHAN 30% AND TRAMADOL 10%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Tramadol is not recommended as a topical compound per MTUS guidelines. Therefore, recommendation is for denial.

**COMPOUND CREAM CYCLOBENZAPRINE HCL 2% AND FLURBIPROFEN 30%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, cyclobenzaprine a muscle relaxant is not recommended as a topical product. Therefore, recommendation is for denial.