

<b>Case Number:</b>	CM13-0035060		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric surgery and is licensed to practice in New York. 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 physician 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:

It is documented in the chart that this patient sustained a foot injury on 10-26-2012. The 8-22-2013 progress note advises that this patient is still suffering from left foot pain rated at 8/10. Relieved by rest, exacerbated by walking and standing. A prickling sensation is noted to radiate proximally from the lateral foot. The patient has been using a compounded cream to the painful area consisting of ketamine, gabapentin, flexeril, and ketoprofen. Prior treatment has included immobilization in a CAM walker. The patient advises that the compounded cream is working well. The physical therapist advises that her physical activities have been reduced, as have the pain and nodule in the Achilles tendon. She still has some pain to the lateral Achilles. Diagnoses include trauma to the posterior left ankle, Achilles tendon tendinitis and partial tear, injury to the peroneal tendons with tendinosis, nerve trauma to the sural nerve with possible neuroma formation, and sural nerve impairment. The compounded cream (Ketamine, Ketoprofen, Gabapentin and Fexeril) had been denied by the health plan as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued topical compounded cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 145-146.

**Decision rationale:** After careful review of the enclosed progress notes and the MTUS guidelines, the continued use of the compounded cream containing ketamine, ketoprofen, gabapentin and flexeril is not medically reasonable. Page 376 of the MTUS guidelines advises that the use of NSAID creams is an optional treatment option for foot pain, but there is no mention of the remaining medications contained in the compounding cream including ketamine, gabapentin and flexeril. Page 49 of the Chapter 3 advises that topical medication is not recommended. Furthermore, the Chronic Pain Medical Treatment Guidelines advise that the use of topical agents for pain is largely experimental. The section on topical agents goes on to say that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\hat{I}^{\pm}$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\hat{I}^{\beta}$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flexeril is not mentioned in this section. Gabapentin is not recommended. There is no peer-reviewed literature to support use.