

<b>Case Number:</b>	CM13-0050131		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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:

The patient is a 47-year-old female who reported an injury on 1/14/11. The patient is currently diagnosed with residual crush injury to the left foot and ankle with anterior tibial and fibular leg laxity or disruption, positive Tinel's in the sural nerve, and symptoms of discogenic disease in the lower back with left sciatica. The patient was seen by [REDACTED] on 9/19/13. She reported left foot pain with increased sensitivity. Treatment recommendations included continuation of current medication including Gabapentin/ibuprofen/lidocaine cream, Docuprene, Tramadol ER, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Ibuprofen/Lidocaine:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. As per the documentation submitted, there is no evidence of failure to respond to first-line oral medication prior to the initiation of a topical analgesic. The only FDA-approved topical NSAID is Diclofenac. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. The MTUS states that any medication that is not recommended individually is not recommended as part of a compound. Based on the clinical information received and California MTUS guidelines, the request is non-certified.