

<b>Case Number:</b>	CM13-0051503		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/16/2011
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a patient with a date of injury of January 16, 2011. A progress report dated November 25, 2013 indicates that the patient continues to see pain management. Physical examination identifies tenderness along his right ankle both medially and anteriorly with a well healed surgical scar. The patient has an antalgic gait. Diagnoses include right ankle sprain with ligamentous tear, status post right lateral ankle ligamentous stabilization with possible neuritis. The treatment plan recommends continuing Elavil, Mobic, and Tylenol # 3. GFL cream was prescribed on November 6, 2013. The electrodiagnostic study dated November 6, 2013 indicates neuropathy affecting the right peroneal nerve and right superficial peroneal sensory nerve at the ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 60 grams of GFL Neuropain Cream (Gabapentin 6%, Flurbiprofen 10%, Lidocaine 2%): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** GFL Neuropain Cream is a combination of Flurbiprofen, Gabapentin, and Lidocaine. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended individually is not recommended as part of a compound. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis; however, this effect either disappears after two weeks, or diminishes over another two-week period. Guidelines state that topical Lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines state the topical Gabapentin is not recommended. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, and because ingredients of the cream are not recommended individually, the request is not medically necessary.