

<b>Case Number:</b>	CM13-0058479		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/14/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 and 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:

This is a 35 year-old female who was injured on 8/14/11. According to the 10/9/13 podiatry report, she underwent left ankle hardware removal on 8/23/2013, and still has 6/10 neuritic pain. Exam shows she is still in the CAM boot using a single knee scooter. There was persistent swelling in the left forefoot with allodynia and hypersensitivity to light touch to the dorsum of the left foot. The plan was for Dermatan, a topical formulation for peripheral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DERMATAN COMPOUND CREAM KETAMINE, BUPIVACAINE, DOXEPIN, GABAPENTIN, NIFEDIPINE, TOPIRAMATE:** 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:** According to the 10/9/13 podiatry report, the patient underwent left ankle hardware removal on 8/23/2013, and still has 6/10 neuritic pain. Exam shows she is still in the CAM boot using a single knee scooter. There was persistent swelling in the left forefoot with

allodynia and hypersensitivity to light touch to the dorsum of the left foot. The requested medication, Dermatran, is a compounded topical cream that contains ketamine, bupivacaine, doxepin, gabapentin, nifedipine and topiramate. Dermatran is the compounding pharmacy that made the compounded topical. The MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded topical contains Gabapentin. The MTUS specifically states that topical Gabapentin is not recommended. Therefore, the entire compounded medication cannot be recommended. The request is noncertified.