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| <b>Case Number:</b>   | CM14-0002377 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 09/11/2012 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 12/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2014 |

### 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 and Pain Management 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 33 year-old male who injured his right foot on 9/11/12 when he was pulling a hand cart upstairs and the handle slipped and he ended up with his knee flexed on his foot and fractured the 5th metatarsal on the right. He also has other injury claims involving the elbows and back. According to the 12/5/13 podiatry report from [REDACTED], the diagnoses includes, right foot pain; non-union 5th metarsal fractures, sural neuritis, and pes planovalgus aquired. On 12/16/13, UR recommended non-certification for a topical compound with baclofen 25, bupivacaine 1%, gabapentin 6%, pentoxifylline 3%, ibuprofen 3%, in a 120gm quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF COMPOUND MEDICATION DICLOFENAC 3%, BACLOFEN 2%, BUPIVICAINE 1%, GABAPENTIN 6%, PENTOXIFYLLINE 3%, IBUPROFEN 3% 120GM TIMES ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, COMPOUND MEDICATION,

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

**Decision rationale:** The patient presents with chronic right foot pain. I have been asked to review for a compounded topical with diclofenac, baclofen, bupivacaine, gabapentin, pentoxifylline, ibuprofen. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains gabapentin. MTUS specifically states gabapentin is not recommended for topical applications, therefore the whole compounded topical medication that contains gabapentin is not recommended. Therefore, the request of compound medication Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Pentoxifylline 3%, Ibuprofen 3% 120gm with one (1) refill is not medically necessary and appropriate.