

<b>Case Number:</b>	CM14-0005893		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 60-year-old female who reported an injury on 03/24/2011. The injury occurred when she was walking on a wet path and slipped and fell. She was noted to have sustained a trimalleolar fracture of the left ankle and to have undergone an open reduction internal fixation of the lateral and medial malleoli on 03/30/2011. She was reported to have continued to complain of left ankle pain with neuritis of the left superficial peroneal nerve and underwent a removal of the deep hardware of the left ankle and a neuroplasty of the superficial peroneal nerve branch. On 01/05/2012, the injured worker was noted to continue to complain of ongoing pain of the left ankle and to have continued to treat conservatively with physical therapy and medications with ongoing complaints of pain. An MRI (magnetic resonance imaging) of the left ankle, performed in 11/2013 reported remote postoperative changes over the medial malleolus and distal fibula. No ankle effusion or osteochondral loose bodies were noted. There was a thin, though intact, anterior talofibular ligament and a bony ossicle in the expected location of the anterior syndesmotic ligament complex, likely a reflection of old trauma; however, the interosseous membrane and posterior syndesmotic ligament were intact. The injured worker was reported on 11/14/2013 to continue to complain of marked pain and swelling of the left ankle. She was noted to have mildly decreased range of motion in all planes with pain and positive anterior 2+ swelling of the ankle and an unstable heel-toe walk. She was reported to have an antalgic gait with a limp. The injured worker was noted to have undergone additional physical therapy in 01/2013 and 02/2013 with increased strength and improvement in her antalgic gait but continued pain and swelling of the ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 20%, LIDO 5%, MENTHOL 5%, CAMPHOR 1% COMPOUND CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-112.

**Decision rationale:** The injured worker is a 60-year-old female who suffered a trimalleolar fracture on 03/24/2011. She was noted to have undergone an open reduction internal fixation of the lateral and medial malleoli on 03/30/2011 and to have had continued complaints of ongoing pain of the left ankle despite conservative treatment. She was noted to have a removal of hardware and a peroneal nerve neuroplasty on 01/2012, but she continued to complain of marked pain and swelling of the left ankle. She was noted to continue to have decreased range of motion and swelling and a positive anterior drawer and was unable to heel or toe walk. She was treated conservatively with multiple sessions of physical therapy with improved strength but continued pain. The injured worker had been prescribed a topical compounded cream containing flurbiprofen 20%, lidocaine 5%, menthol 5% and camphor 1%. The California MTUS Guidelines do not recommend the use of any topical compounded medication if it contains 1 or more ingredients that are not recommended. The California MTUS Guidelines do not recommend the use of lidocaine, except for the treatment of neuropathic pain and only as a dermal patch. As the requested topical medication contains 5% lidocaine, the compounded medication does not meet the guideline recommendations. Based on the above, the request for flurbiprofen 20%, lidocaine 5%, menthol 5% and camphor 1% is non-certified.

**TRAMADOL 15%, DEXTRO 10%, CAPSAICIN 0.025% COMPOUND CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 86.

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

**Decision rationale:** The injured worker is a 60-year-old female who reported an injury on 03/24/2011 when she slipped and fell, suffering a trimalleolar fracture of the left ankle. She was noted to have undergone an open reduction internal fixation of the lateral and medial malleoli on 03/30/2011 and was reported to continue to complain of ongoing pain. On 01/2012, the injured worker was noted to have undergone a removal of deep hardware and a neuroplasty of the peroneal nerve. Her neuropathic pain was reported to have resolved, but she continued to complain of marked pain and swelling of the left ankle. She was noted on physical exam to have decreased range of motion of the left ankle with swelling and to be unable to toe or heel walk. She has treated conservatively with multiple sessions of physical therapy and medications without improvement. The injured worker has been prescribed a topical compounded cream that

contains tramadol 15%, dextro 10% and capsaicin 0.025%. The California MTUS Guidelines state that any compounded product that contains at least 1 drug that is not recommended is not recommended for use. They recommend the use of capsaicin only after the injured worker has failed to respond to or is intolerant to other treatments and only for the use of osteoarthritis, fibromyalgia or non-specific low back pain. As the injured worker is not noted to have low back pain, osteoarthritis or fibromyalgia and is not noted to have undergone trials of first-line medications without improvement, the requested use of a topical compound containing capsaicin does not meet the guideline recommendations. Based on the above, the request for tramadol 15%, dextro 10% and capsaicin 0.025% is non-certified.