

<b>Case Number:</b>	CM14-0011917		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 is licensed to practice in Texas. 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 71-year-old female with a reported date of injury of 10/14/2003. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left ankle pain and cramping. Upon physical examination, the injured worker had left ankle tenderness at the medial joint line, and pain with limited range of motion. In the clinical note dated 03/21/2013, the physician noted the injured worker participated in a home exercise program. The injured worker's diagnoses included status post left ankle open reduction, internal fixation, left ankle posttraumatic arthritis, and status post removal of retained symptomatic hardware. The injured worker's medication regimen included naproxen sodium, Omeprazole, tramadol, and Medrox pain relief. A request for authorization for the compounded medication Lidocaine/menthol/camphor/Ketoprofen/Flurbiprofen 4/1/0.5/20/1% cream #120 g was submitted on 01/29/2014. Within the note dated 11/14/2013, the physician noted that the request is based on requirements being medically reasonable and warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MEDICATION OF  
LIDOCAINE/MENTHOL/CAMPBOR/KETOPROFEN/FLURBIPROFEN 4/1/0.5/20/1%  
CREAM # 120 GRAMS: 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, TOPICAL ANALGESICS, , 111 &112

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are recommended as an option. According to the MTUS Chronic Pain Guidelines, Ketoprofen and Flurbiprofen are nonsteroidal anti-inflammatory agents, the effectiveness in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown to be superior during the first 2 weeks of treatment for osteoarthritis, with a diminishing effect over another 2 week period. In addition, the MTUS Chronic Pain Guidelines state that Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line tricyclic or antidepressants or an AED such as Gabapentin or Lyrica. Topical Lidocaine in the formulation of a dermal patch called Lidoderm has been designed for orphan status per the FDA for neuropathic pain. No other commercially approved topical formulation of Lidocaine has been recommended for neuropathic pain. According to the documentation provided for review, the injured worker has utilized topical compounds prior to 03/21/2013. There is a lack of documentation related to the therapeutic effect of the topical compounds, or previous trials of antidepressants or antiepileptic drugs. According to the MTUS Chronic Pain Guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In addition, the request as submitted failed to provide frequency or specific site at which the compounded medication was to be utilized. Furthermore, NSAIDs are recommended after a trial of antidepressants or antiepileptic medications have failed, and Lidocaine is not approved beyond the formulation of a Lidoderm patch. Therefore, the request is not medically necessary and appropriate.