

<b>Case Number:</b>	CM14-0122639		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 and Ohio. 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 43-year-old male with a reported date of injury on 03/15/2013. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include hallux limitus/rigidus left and joint pain. His previous treatments were noted to include surgery, physical therapy and medications. The progress note dated 03/21/2014 revealed complaints of left edema. The physical examination revealed minimal edema and resolved ecchymosis to surgical sites. The provider indicated there was stable osteotomy sites without crepitation or instability appreciated with distressed range of motion. There was a negative Homan's sign with no pain on medial lateral or anterior posterior compression of the calf musculature. The progress note dated 04/07/2014 revealed the injured worker was doing fairly well and ambulated in his walking boot. The physical examination revealed improved edema and no crepitation or instability noted. There was a negative Homan's sign and no pain medial lateral or anterior posterior compression of the calf musculature. The provider indicated there was still some pain with range of motion to the first medial distal joint on the left. The progress note dated 08/13/2014 revealed complaints of discomfort with walking and wearing tennis shoes and range of motion. The injured worker indicated he was at a 2 sometimes a 3 if he was walking a lot and the left foot still clicked and the foot would roll in and cause pain. The physical examination revealed mild pain with dorsiflexion of the first metaphalangeal joint on the left, but a lot better than what the injured worker first started with. The Request for Authorization form was not submitted with the medical records. The request was compound: fluricasone 1% - levocetizine dihydrochloride 2% - pentoxifylline 0.5 - prilocaine 3% - gabapentin 15% - in pracasil plus 1143 120 gm (30 days) for scarring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Fluricasone 1% - Levocetizine Dihydrochloride 2% - Pentoxifylline 0.5 - Prilocaine 3% - Gabapentin 15% - In Pracasil PLUS 1143 120 GM (30 DAYS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Compounded Medications

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Gabapentin; Lidocaine Page(s): 111; 113; 112.

**Decision rationale:** The request for compound: fluricasone 1% - levocetizine dihydrochloride 2% - pentoxifylline 0.5 - prilocaine 3% - gabapentin 15% - in pracasil plus 1143 120 gm (30 days) is not medically necessary. The injured worker had surgery to his left ankle. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound or product that contains at least 1 drug (or drug class) is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend gabapentin as a topical analgesic as there is no peer reviewed literature to support the use. "Pentoxifylline is used to improve blood flow in patients with circulation problems to reduce aching, cramping, and tiredness in the hands and feet. It works by decreasing the thickness (viscosity) of blood. This change allows your blood to flow more easily, especially in the small blood vessels of the hands and feet. Pentoxifylline comes as an extended-release (long-acting) tablet to take by mouth. It usually is taken three times a day. Do not break, crush, or chew the tablets; swallow them whole." Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary. The guidelines state any compound or product that contains at least 1 drug that is not recommended and lidocaine is not recommended in any formulation other than a Lidoderm patch. Gabapentin is not recommended as a topical analgesic and pentoxifylline is not recommended except as an oral formulation. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.