

<b>Case Number:</b>	CM14-0135100		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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, 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 53 years old female with an injury date on 01/22/2008. Based on the 05/20/2014 Q.M.E. report her current diagnosis includes status post left ankle fracture and surgeries with degenerative arthritis of the left ankle and nerve entrapment following surgeries to the left ankle. According to this report, the patient complains of constant left ankle pain with swelling and numbness. Diminished sensation of the left anterior ankle and left dorsal foot was noted. Paresthesias are noted at the left dorsal ankle and foot with palpation. Positive Tinel sign is noted with palpation at the level of the superficial peroneal nerve at the ankle joint. Left ankle range of motion is limited. There were no other significant findings noted on this report. The utilization review denied the request on 07/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2014 to 05/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flubiprofen powder/Baclofen powder/Cyclobenzaprine powder HCl/ Gabapentin powder/ Ketamine HCL powder/ Versapro Cream 120gm #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with constant left ankle pain with swelling and numbness. The treater is requesting Flubiprofen powder/Baclofen powder/Cyclobenzaprine powder HCl/ Gabapentin powder/ Ketamine HCL powder/ Versapro Cream 120gm. However, the treating physician's report and request for authorization containing the request is not included in the file. Regarding topical compounds, MTUS guidelines recommends for "neuropathic pain when trials of antidepressants and anticonvulsants have failed." Review of records show the patient does not meet the indication for the topical medication as she does not present with neuropathic pain. Furthermore, the MTUS Guidelines state "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine, Baclofen, and Gabapentin are not recommended in a topical formulation. As such, this request is not medically necessary.

**Clonidine powder/ Gabapentin powder/ Imipramine powder HCl/ Mefenamic powder Acid/ Lidocaine powder/ Versapro Cream 120gm #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with constant left ankle pain with swelling and numbness. The treater is requesting Clonidine powder/ Gabapentin powder/ Imipramine powder HCl/ Mefenamic powder Acid/ Lidocaine powder/ Versapro Cream 120gm #1. However, the treating physician's report and request for authorization containing the request is not included in the file. Regarding topical compounds, MTUS guidelines recommends for "neuropathic pain when trials of antidepressants and anticonvulsants have failed." Review of records show the patient does not meet the indication for the topical medication as she does not present with neuropathic pain. Furthermore, the MTUS Guidelines state "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Gabapentin and Lidocaine are not recommended in a topical formulation. As such, this request is not medically necessary.