

<b>Case Number:</b>	CM14-0050631		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Nevada. 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 records presented for review indicate that this 43-year-old male was reportedly injured on October 22, 2013. The mechanism of injury was noted as a blunt trauma to the lower extremity. The most recent progress note, dated December 10 2013, indicated that there were ongoing complaints of lower extremity and low back pain. The physical examination demonstrated painful lumbar spine range of motion, tenderness to palpation, and tenderness over the distal aspect of the right tibia. Diagnostic imaging studies objectified a cortical lesion of the lower extremity, most probably an ordinary disease of life non-ossifying fibroma. Previous treatment included fracture care and multiple medications. A request had been made for topical compounded medications and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol/ Amitriptyline/ Dextromethorphan, Lidocaine/ Ketoprofen/ Gabapentin (duration and frequency unknown). DOS 01/22/2014, for the right leg contusion, right leg tibia stress fracture.:** 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 of 127.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended." The guidelines note there is little evidence to support the use of topical NSAIDs (ketoprofen) for treatment of the above noted diagnosis of a tibial fracture. Additionally, the guidelines state there is no evidence to support the use of topical gabapentin, as there was no neuropathic lesion or clinical evidence of a neuropathic lesion. This request is not medically necessary.