

<b>Case Number:</b>	CM14-0060543		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 53-year-old male was reportedly injured on September 15, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 26, 2014, indicates that there are ongoing complaints of bilateral ankle and foot pain. There was recent ankle surgery performed on January 24, 2014. The physical examination indicated that the injured employee had recently achieved some weight loss. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes ankle surgery and postoperative physical therapy. A request had been made for Misoprostol powder, Phenytoin powder, Lidocaine powder, Base C liquid, Pracasil and cream; Gabapentin powder, Prilocaine powder, Fluticasone powder, Levocetirizine powder, Propylene Liquid, Glycol, Pracasil cream; Flurbiprofen powder, Cyclobenzaprine powder, Lidocaine powder, Ethoxy Liquid, Diglycol and PCCA custom cream and was not certified in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Misoprostol powder, Phenyton powder, Lidocaine powder, Base C liquid, Pracasil and cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 49-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Misoprostol powder, Phenyton powder, Lidocaine powder, Base C liquid, Pracasil and cream is not medically necessary.

**Gabapentin powder, Prilocaine powder, Fluticasone powder, Levocetirizi powder, Propylene Liquid, Glycol, Pracasil cream.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 49-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Gabapentin powder, Prilocaine powder, Fluticasone powder, Levocetirizi powder, Propylene Liquid, Glycol, Pracasil cream is not medically necessary.

**Flurbiprofen powder, Cyclobenzaprine powder, Lidocaine powder, Ethoxy Liquid, Diglycol and PCCA custom cream.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 49-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Decision for Flurbiprofen powder, Cyclobenzaprine powder, Lidocaine powder, Ethoxy Liquid, Diglycol and PCCA custom cream is not medically necessary.