

<b>Case Number:</b>	CM14-0068646		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 44 year old male injured on 03/29/13 when he fell out of a piece of equipment twisting his right ankle ultimately diagnosed with right ankle fracture. The injured worker was initially treated with posterior splint exchanged for cast worn for approximately two months. Clinical note dated 03/20/14 indicates the injured worker complained of numbness to the dorsal aspect of the right foot along the deep dorsal cutaneous nerve. The injured worker also complained of pain decreased by 25 percent since previous visit following use of compounded cream on a daily basis. Physical examination revealed numbness while palpating the dorsal cutaneous nerve on the right foot, no lops bilaterally, vibratory protective threshold: 10v bilaterally, gross epicritic sensation intact with paresthesias noted in the area of the right ankle medially/laterally/plantarly, sharp/dull sensation with noted different sensation between right and left ankle along the deep dorsal cutaneous nerve, muscle strength 5/5 bilaterally, range of motion within normal limits with no pain or crepitus to the ankle joint. Treatment plan included prescription for compounded creams to be applied for two minutes three times a day and return to work without restrictions. The initial request was noncertified on 05/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NON-CERTIFY: COMPOUND PAIN CREAM: KETAMINE 10%, BUPIVACAINE 1%, DICLOFENAC 3%, DOXEPIN 3%, GABAPENTIN 6%, ORPHENADRINE 5%, PENTOXIFYLLINE 3%, APPLY 1-2 GM TO AFFECTED AREA 3-4 TIMES DAILY, 240 GM, 3 REFILLS, PRESCRIBED 3/31/2014: Upheld**

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

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore compound pain cream Ketamine/ Bupivacaine/ Diclofenac/ Doxepin/ Gabapentin/ Orphenadrine/ Pentoxifylline 10/1/3/3/6/5/3 percent apply 1 to 2 grams to affected area 3 to 4 times daily 240 gram with three refills, prescribed 3/31/2014 is not medically necessary as it does not meet established and accepted medical guidelines.