

<b>Case Number:</b>	CM14-0081475		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 58 year old female with an injury date on 10/10/2007. Based on the 03/03/2014 progress report provided by [REDACTED], the diagnoses are status post (S/P) 4.5 month, cutaneous neuritis with some residual discomfort to incision site. According to this report, the patient complains of soreness on the ball of both feet. The pain is more persistent when wearing thong sandals. The patient is status post 4.5 month from cutaneous neuritis. Mild hypertrophy of the scar was noted with some sensitivity to palpation. The 03/07/2014 agreed a medical examiner (A.M.E.) report indicates the patient has diffuse bilateral plantar palpatory discomfort, right greater than left. Tenderness over the right lateral ankle was noted. There were no other significant findings noted on this report. The utilization review denied the request on 05/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2010 to 05/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Bupivacaine 1%/Diclofenac 3%/Doxipine 3%/Gabapentin 6%/Orphenadrine 5%/Pentoxifylline 3% 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the 03/03/2014 report by [REDACTED] this patient presents with soreness on the ball of both feet. The treater is requesting Topical Bupivacaine 1%/Diclofenac 3%/Doxipine 3%/Gabapentin 6%/Orphenadrine 5%/Pentoxifylline 3% 120gm. Bupivacaine is a local anaesthetic agent. Regarding topical NSAIDS, MTUS guidelines recommends for "neuropathic pain when trials of antidepressants and anticonvulsants have failed." In this case, 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 Orphenadrine are not recommended in a topical formulation. Recommendation is for denial.