

<b>Case Number:</b>	CM14-0082442		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Pain Management 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 46 year old female with an injury date of 01/08/12. The 05/02/14 progress report by Dr. [REDACTED] states that the patient presents with stabbing pain to the left foot rated 5-7/10 and aching pain to the right foot rated 2-5/10. The patient feels her condition is worsening, and she is currently working. The patient has a short-stepped antalgic gait with an inability to heel/toe walk due to severe pain. Examination reveals there is left foot tenderness on the bilateral plantar fascia areas and the Achilles' area of the right foot. There is limited range of motion of the left ankle and normal strength in both ankles. The patient's diagnoses include: left foot sprain, bilateral plantar fasciitis with the left foot being more severe. Current medications are listed as, Coumadin, WellButrin, Risperdal, Metoprolol, Norco, Pepcid, Nortriptyline, Docusate and Proamatine. The utilization review being challenged is dated 05/20/14. Treatment reports were provided from 01/24/14 to 05/02/14. 1. Left foot sprain 2. Bilateral plantar fasciitis with the left foot being more severe. Current medications are listed as, Coumadin, WellButrin, Risperdal, Metoprolol, Norco, Pepcid, Nortriptyline, Docusate and Proamatine. The utilization review being challenged is dated 05/20/14. Treatment reports were provided from 01/24/14 to 05/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### RETROSPECTIVE USAGE OF CAPSAICIN/MENTHOL/CAMPHOR/TRAMADOL/GABAPENTIN (DOS 5-7-14):

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 creams( chronic pain section) Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with left foot pain rated 5-7/10 and right foot pain rated 2-5/10. The treater requests for retrospective usage of Capsaicin/Menthol/Camphor/Tramadol/Gabapentin. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Tramadol is not supported for topical formulation, and MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, this request is not medically necessary.

**RETROSPECTIVE USAGE OF CYLOBENZEAPRINE/FLURBIPROFEN/ETHOXY DIGLYCOL (DOS 5-7-14): 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 creams( chronic pain section), Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with left foot pain rated 5-7/10 and right foot pain rated 2-5/10. The treater requests for retrospective Cyclobenzaprine/Flurbiprofen Ethoxy Diglycol. The MTUS has the following regarding topical creams (p.111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is not supported for topical formulation. Therefore, this request is not medically necessary.

**PROSPECTIVE USAGE OF CAPSAICIN/MENTHOL/CAMPHOR/TRAMADOL/GABAPENTIN: 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 creams(chronic pain section), Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with left foot pain rated 5-7/10 and right foot pain rated 2-5/10. The provider requests for prospective Capsaicin/Menthol/Camphor/Tramadol/Gabapentin. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of

many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Tramadol is not supported for topical formulation and MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, this request is not medically necessary.

**PROSPECTIVE USAGE OF CYCLOBENZAPRINE/FLURBIPROFEN/ETHOXY DIGLYCO:** 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 creams(chronic pain section), Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with left foot pain rated 5-7/10 and right foot pain rated 2-5/10. The treater requests for prospective Cyclobenzaprine/Flurbiprofen Ethoxy Diglycol. The MTUS has the following regarding topical creams (pg. 111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is not supported for topical formulation. Therefore, this request is not medically necessary.