

<b>Case Number:</b>	CM14-0187833		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 48-year-old gentleman with a date of injury of 12/05/2012. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 04/28/2014 indicated the worker was experiencing left foot pain. This was the most recent clinical record submitted for review. Documented examination described tenderness in the bottom of the left foot and pain with moving the foot with the toes pointing up. The submitted and reviewed documentation concluded the worker was suffering from plantar fasciitis. Treatment recommendations included a home exercise program and medications. A Utilization Review decision was rendered on 10/31/2014 recommending non-certification for Gab/Lid/Ale/Cap/Men/Cam patch 10%, 2%, 0.5%, 0.25%, 10%, 5% gel quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gab/Lid/Ale/Cap/Men/Cam patch 10%, 2%, 0.5%, 0.25%, 10%, 5% gel quantity 120:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anti-seizure (Gabapentin 10%), the anesthetic (Lidocaine 2%), and general pain reliever (Menthol 10%, aloe 0.5%, Camphor 5%, and Capsaicin 0.25%) classes. The MTUS Guidelines recommend topical Lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical Gabapentin is not recommended because there is no literature to support its use. Topical Capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS Guidelines. While the MTUS Guidelines are silent on the use of topical aloe and camphor, multiple other drugs within this compound are not recommended by the Guidelines. The submitted and reviewed documentation did not include a discussion detailing extenuating circumstances that would support this use of this compound product in this setting. In the absence of such evidence, the current request for Gab/Lid/Ale/Cap/Men/Cam patch 10%, 2%, 0.5%, 0.25%, 10%, 5% gel quantity 120 is not medically necessary.