

<b>Case Number:</b>	CM14-0188091		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/13/2005
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old male who was injured on 10/13/2005 when a tire exploded, hitting his right leg. He was diagnosed with plantar fascial fibromatosis, knee sprain/strain, Achilles bursitis/tendinitis, chondromalacia patellae, right ankle contracture, non-union fracture, synovitis, tenosynovitis and later reflex sympathetic dystrophy when his pain continued. He was treated with various medications, orthotics, and physical therapy. On 10/3/14, the worker was seen for a follow-up with his primary treating physician complaining of continual right foot/ankle pain. Physical findings included tenderness at right plantar fascia, Achilles tendon, and posterior tibia, positive Tinnel's sign right ankle, decreased range of motion of right ankle, and abnormal gait due to pain. He was then recommended to continue orthotic use for his right ankle (other recommendations illegible--handwritten note). Shortly thereafter, a request for a topical combination analgesic product was requested on behalf of the worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of Baclofen, Bupivacaine, Clondine, Cyclobenzaprine, Gabapentin, Meloxicam, PCCA lipoderm between 10/10/14-11/24/14: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Combination products have even fewer trials to assess efficacy. Topical baclofen and other muscle relaxants such as cyclobenzaprine specifically are addressed in the MTUS and are not recommended due to lack of evidence to support their use in topical form. Also, the MTUS Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. In the case of this worker, a topical product which contained multiple muscle relaxants, gabapentin (also not recommended by the MTUS due to lack of evidence), and NSAIDs was prescribed for the worker. Due to this product having multiple non-recommended medications for topical use, the entire combination analgesic product is not recommended. Therefore the request is not medically necessary.