

<b>Case Number:</b>	CM14-0195040		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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 72 year old female with a reported industrial injury on October 14, 2003, from falling of a stool and injuring left ankle. Per the Utilization review the injured worker had a left Open Reduction and Internal Fixation (ORIF) of the tibia plafond fracture on October 17, 2003, for a derangement of left ankle joint and hardware removal on August 3, 2007. The medical treatment had been the surgeries and medication. On July 31, 2014 the injured worker was examined by primary treating physician the complaints were constant pain in left ankle/foot that is aggravated by ascending and descending stairs, lifting and bending, the pain was characterized as burning. The inspection/palpation of the ankle/foot noted tenderness over the anterior portion of the ankle, pain with inversion and eversion of the ankle and good strength. The treatment plan was referral for surgery. On October 24, 2014 the primary treating physician requested Gab/Lid/Aloe/Cap/Men/Cam patch (unknown quantity/duration/dosage). On October 29, 2014 the Utilization Review denied the request, their decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gab/Lid/Aloe/Cap/Men/Cam (Patch)( unknown quantity/duration/dosage): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor patch (unknown quantity, unknown duration, and unknown dosage) is not medically necessary. Topical analgesics are largely experimental use few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not recommended. Other than lidocaine patch (Lidoderm), no other commercially approved topical formulation of lidocaine with a cream, lotions or gel are indicated for neuropathic pain. Gabapentin topical is not recommended. In this case, the injured worker is a 71 year-old woman with a date of injury October 14, 2003. The injured worker's diagnoses are derangement of left ankle joint; status post left open reduction internal fixation of tibia; and left ankle hardware removal. Menthol is not recommended. Lidocaine in cream form is not recommended, and gabapentin topical is not recommended. Any compounded product that contains at least one drug (menthol, lidocaine cream and gabapentin topical) that is not recommended is not recommended. Consequently, the topical compounded product Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor patch is not recommended. Also, the request was for an unknown quantity, unknown duration, and unknown dosage. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor patch is not medically necessary.