

<b>Case Number:</b>	CM15-0002458		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 8/30/2013. He had reported pain in the right foot with inflammation. The diagnoses have included fracture of right calcaneus, tendinitis, bursitis, capsulitis of right foot, lumbar disc displacement without myelopathy and anxiety. Treatment to date has included hard casting, therapeutic boot, physical therapy x 12 visits, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, acupuncture, and AFO ankle brace. Currently, the IW complains of pain rating 2-4/10 VAS in the subtalar joint on medial and lateral portion of the rear right foot. Diagnoses included intra-articular calcaneal fracture, ankylosis of subtalar joint, and chronic pain. Pain was documented as not better or worse over the previous month. Physical exam documented normal Range of Motion (ROM). On 12/29/2014 Utilization Review non-certified a Lidocaine 6%/Gabapentin 10%/Ketoprofen 10%/Baclofen 2% topical 180 gm with 2 refill, noting the lack of documentation supporting prior failed conservative treatment. The MTUS Guidelines were cited. On 1/6/2015, the injured worker submitted an application for IMR for review of Lidocaine 6%/Gabapentin 10%/Ketoprofen 10%/Baclofen 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 6%, Gabapentin 10%, ketoprofrn 10% 180 gm, 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of topical Gabapentin is not recommended due to lack of evidence to support its use. In addition, long term use of topical compounds is not recommended. Since the compound prescribed contains Gabapentin, the topical compound containing Lidocaine 6%, Gabapentin 10%, ketoprofen 10% 180 gm, 2 refills is not medically necessary.

**Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180 gm with 2 refills:** 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 analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of topical Muscle Relaxants and anti-spasmodics (Cyclobenzaprine/Baclofen) is not recommended due to lack of evidence to support its use. In addition, long term use of topical compounds is not recommended. In addition, long term use of topical compounds is not recommended. Since the compound prescribed contains Cyclobenzaprine and Baclofen, the topical compound containing Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180 gm with 2 refills is not medically necessary.