

<b>Case Number:</b>	CM15-0146864		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old female, who sustained an industrial injury on 1-29-2013. Diagnoses include deep contusion left leg, and tenosynovitis left anterior leg muscle. Treatment to date has included diagnostics, physical therapy, taping, strapping, medications, orthotics and an orthopedic consultation. Per the Interim Report of Injury dated 7-09-2015, the injured worker presented for assessment of stenosing tenosynovitis associated with deep contusion of the left lower leg. He notes that symptoms are essentially unchanged. Topical compound application helps. Physical examination revealed continued indentation with induration at the injury site. The symptoms are distal to the indentation and appeared to be associated with the extensor tendons. There was no pain at end range dorsiflexion of the digit and ankle actively, and mild tenderness with end range plantar flexion. The plan of care included aggressive deep tissue massage and heat compress in conjunction with continued application of topical compound medications and authorization was requested for Gabapentin 6%-Clonidine 0.2%-Cyclobenzaprine 2%-Baclofen 2%-Meloxicam 1%-Bupivacaine 1% 240gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 6%, Clonidine 0.2%, Cyclobenzaprine 2%, Baclofen 2%, Meloxicam 1%, Bupivacaine 1% 240 grams (auto refill): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in January 2013 and is being treated for left lower extremity pain after a contusion with a diagnosis of extensor tenosynovitis. When seen, she was considering bariatric surgery. There was edema and tenderness. This request is for a compounded topical medication with components including baclofen, Cyclobenzaprine, Gabapentin, and Meloxicam. In terms of these medications, Baclofen and Cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of Meloxicam are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.