

Case Number:	CM15-0148539		
Date Assigned:	08/11/2015	Date of Injury:	02/15/2014
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37 year old male who sustained an industrial injury on 02/15/2014 while moving and lifting boxes of produce on a trailer his left ankle was forced into dorsiflexion. The injured worker was diagnosed with early complex regional pain syndrome without the usual stigmata. No surgical interventions were documented. Treatment to date has included diagnostic testing with Computed Tomography (CT) of the left lower extremity on April 17, 2015, physical therapy, bilateral crutches, cane, orthopedic consultation and medications. According to the primary treating physician's progress report on June 12, 2015, the injured worker continues to experience left foot and ankle pain. Examination demonstrated tenderness over the talofibular ligament. There was no evidence of swelling, mottling or trophic changes. Range of motion of the ankle and subtalar joint was normal. The injured worker ambulates with an antalgic gait with the use of a cane. Current medications were not noted. Treatment plan consists of additional physical therapy with gait training and the current request for Ketoprofen 10%/Gabapentin 6%/Bupivacaine 5%/Baclofen 2%/Cyclobenzaprine 2%/Clonidine 0.2%/Hyaluronic Acid 2% topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%/Gabapentin 6%/Bupivacaine 5%/Baclofen 2%/Cyclobenzaprine 2%/Clonidine 0.2%/Hyaluronic Acid 2%, 300 grams with three 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): 111-113. 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, Ketoprofen 10%, gabapentin 6%, Bupivacaine 5%, Baclofen 2%, cyclobenzaprine 2%, clonidine 0.2%, and hyaluronic acid 2% in 300 g with three refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, diagnoses the injured workers working diagnoses are early complex regional pain syndrome without usual stigmata of complex regional pain syndrome I. The date of injury is February 15, 2014. Request for authorization is June 24, 2015. According to a June 12, 2015 progress note, subjectively the injured worker has ongoing chronic left foot and ankle pain. X-rays show osteopenia. Objectively, the injured worker ambulates with a cane with an antalgic gait. There is tenderness overlying the talo-fibular ligament. The injured worker is being treated for early CRPS I. medications include tramadol and Naprosyn. Ketoprofen is not FDA approved for topical use. Topical gabapentin is not recommended. Topical Baclofen and cyclobenzaprine are not recommended. Any compounded product that contains at least one drug (Ketoprofen, Baclofen and cyclobenzaprine) that is not recommended is not recommended. Consequently, Ketoprofen 10%, gabapentin 6%, Bupivacaine 5%, Baclofen 2%, cyclobenzaprine 2%, clonidine 0.2%, hyaluronic acid 2% is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Ketoprofen 10%, gabapentin 6%, Bupivacaine 5%, Baclofen 2%, cyclobenzaprine 2%, clonidine 0.2%, hyaluronic acid 2% in 300 g with three refills is not medically necessary.