

Case Number:	CM15-0200740		
Date Assigned:	10/15/2015	Date of Injury:	04/03/2014
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 27 year old female who sustained an industrial injury on 4-3-2014. A review of medical records indicates the injured worker is being treated for contusion of the left foot, sprain strain of the left foot, and painful gait. Medical records dated 9-15-2015 noted contusion to the left foot. She continued to have difficulty with gait overall and had difficulty with weight bearing status with the foot. The pain continued to be rather significantly severe. Physical examination noted difficulty toe walking, toe standing, squatting, and crouching. She had continuation of pain at the fourth interspace and metatarsalgia pain to the first, second, and third metatarsal heads. Treatment has included injections and physical therapy. Utilization review form dated 9-29-2015 noncertified CMPD Tramadol-Ketoprofen-Baclofen-Cyclobenzaprine-Lidocaine, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD Tramadol/ Ketoprofen/ Baclofen/ Cyclobenzaprine/ Lidocaine, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary. Bryson, Evan, et al. "Skin Permeation and Antinociception of Compounded Topical Cyclobenzaprine Hydrochloride Formulations." *International Journal of Pharmaceutical Compounding* 19.2 (2015): 161. Cyclobenzaprine is not recommended for topical application. Argoff CE. Topical agents for the treatment of chronic pain. *Curr Pain Headache Rep.* 2006 Feb;10 (1): 11-9. Gabapentin is not recommended for topical use. Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended. Use of ketamine is under study and only for use in refractory neuropathic pain. McCleane, Gary J. "Topical doxepin hydrochloride reduces neuropathic pain: a randomized, double-blind, placebo controlled study." *The Pain Clinic* 12.1 (2000): 47-50. In this case the agent is reported to work for neuropathic pain. In this case the pain is not clearly established as neuropathic. Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." *International journal of sports physical therapy* 7.3 (2012): 314. Menthol does not provide significant improvements in functional status for patients with knee arthritis.