

<b>Case Number:</b>	CM15-0202146		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male who sustained an industrial injury on 7-13-2011 and has been treated for right foot pain and plantar fasciitis. The injured worker is status post right plantar release over one year ago and the treating physician states in the 9-15-2015 note he may have Dupuytren contracture. On 9-15-2015, the injured worker reported frequent, moderate, aching, and burning right foot pain rated at 5 out of 10, which was aggravated by prolonged standing and walking, and also associated with walking on uneven surfaces. He stated that the pain was radiating to the right leg. Objective examination revealed nodular tender palpations on the plantar surface with painful ranges of motion. Prior treatment provided in the documentation includes Solaraze and Comp3-Dev creams, and Medrol. Response to these treatments is not provided. The treating physician's plan of care includes a referral to either a podiatrist or orthopedic specialist, and a request for authorization was submitted on 9-15-2015 for compound medication cream: Gabapentin/Amitriptyline/Bupivacaine/Flurbiprofen/Baclofen/Dexamethasone/Capsaicin, 180 grams. Documentation does not show this being used as a treatment over the previous six months. The injured worker had been on work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10% /Amitriptyline 10% /Bupivacaine 5% /Flurbiprofen 20% /Baclofen 5% /Dexamethasone 2% /Capsaicin 0.25%, quantity: 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

**Decision rationale:** The current request is for Gabapentin 10% /Amitriptyline 10% /Bupivacaine 5% /Flurbiprofen 20% /Baclofen 5%/ Dexamethasone 2% /Capsaicin 0.25%, quantity: 180gm. The RFA is dated 09/15/15. Treatment history includes right plantar release 2013, physical therapy and medications. The patient may return to modified duty. MTUS Topical Analgesics section, page 111-113 has the following under: Non-steroidal anti-inflammatory agents (NSAIDs) "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)... there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Under Baclofen: "Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen." Regarding topical compounded creams on page 111, the guidelines state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per report 09/15/15, the patient reported frequent, moderate, achy, and burning right foot pain rated at 5 out of 10. He stated that the pain was radiating to the right leg. Objective examination reviewed nodular tender palpations on the plantar surface with painful range of motion. The treater recommended a 30-day supply of a compound medication cream: Gabapentin-Amitriptyline-Bupivacaine-Flurbiprofen-Baclofen-Dexamethasone-Capsaicin, 180 grams. Topical NSAIDs are only supported for peripheral complaints, and this patient presents with chronic foot pain. In addition, MTUS guidelines do not support either Gabapentin or Baclofen in topical formulations. MTUS states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.