

<b>Case Number:</b>	CM15-0204681		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/23/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: North Carolina

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 male who sustained an industrial injury on February 23, 2015. The worker is being treated for: complex tear of medial meniscus, status post left knee arthroscopy, tendinopathy of the peroneal brevis tendon and associated tenosynovitis, left ankle, mild early osteoarthritis, mild Achilles tenosynovitis and edematous suggestive of occult fracture.  
 Subjective: July 09, 2015, left knee and left ankle pain. August 26, 2015, persistent pain in the left knee, "it is improving," Also with complaint of pain in left ankle and right foot pains.  
 Objective: August 26, 2015, left knee showed decreased range of motion with flexion to 140 degrees and extension zero degrees; medial joint line tenderness upon palpation; positive patellofemoral grind. The left ankle noted with decreased range of motion with flexion to 30 degrees, dorsiflexion to 10 degrees, inversion 20 degrees and eversion 15 degrees. Both dorsiflexion and anterior drawer tests were positive and noted tenderness to anterior talofibular ligament, calcaneofibular ligament, and posterior talofibular ligaments with tenderness.  
 Medications: July 09, 2015: pain medications. August 26, 2015 requested authorization for compound topical cream. Diagnostics: radiography, MRI of right ankle, pending authorization for TENS unit, orthotics. Treatments: activity modification, pain medication, consultation, knee arthroscopy, and return to work May 2015. On September 17, 2015 a request was made for Flurbiprofen 20%, Baclofen 20%, Lidocaine 4% 18GM which was noncertified by Utilization Review on September 24, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (baclofen), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

**Two pairs bilateral custom orthotics (for home and for work):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee Brace.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on foot and ankle complaints states those rigid orthotics are indicated in the treatment of recalcitrant plantar fasciitis and metatarsalgia. The patient is being treated for possible occult fracture and Achilles tenosynovitis. These are not indications for orthotics. Therefore, the request is not medically necessary.