

<b>Case Number:</b>	CM15-0208448		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, 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 47 year old female, who sustained an industrial injury on 10-06-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, right ankle contusion and sprain. Medical records (05-04-2015 to 09-01-2015) indicate ongoing right ankle pain. Pain levels were rated 7-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 09-01-2015, revealed an antalgic gait to the right, difficulty walking on heels and toes, tenderness over the lateral ligaments of the right ankle, full range of motion and normal strength and sensation. Although, there was no current swelling during the exam, it was reported that the IW had brought in pictures of swelling to her ankle. Relevant treatments have included: work restrictions, and medications. The request for authorization was not available for review; however, the utilization review letter states that the following topical medication was requested on 09-28-2015: 15% naproxen, 2% Lidocaine and 3% menthol in lipo Cream #120 (Rx: 09-28-15). The original utilization review (10-05-2015) non-certified the request for 15% naproxen, 2% Lidocaine and 3% menthol in lipo Cream #120 (Rx: 09-28-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen/Lidocaine/Menthol in lipo 15%/2%/3% Crm #120 (Rx: 09/28/15): 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:** The request is for a compounded topical analgesic containing Naproxen, Lidocaine and Menthol. CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety of efficacy. There is little to no research to support the use of most of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This product contains Naproxen and Menthol, which are not recommended for topical use. It also contains Lidocaine, which is approved only in the form of a Lidoderm patch. Therefore, the request is not medically necessary or appropriate.