

<b>Case Number:</b>	CM15-0213839		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	07/15/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old male, who sustained an industrial injury on 7-15-2008. The injured worker is being treated for chronic plantar fasciitis left foot status-post surgical intervention with minimal improvement, status post meniscus tear of the left knee status-post surgery with residual pain and new tear, chronic left heel pain, low back pain with spasticity, and depression. Treatment to date has included surgical intervention left partial plantar fasciectomy, 10-26-2009), crutches, pain management evaluation, walking boot, psychiatric evaluation and treatment, and medications. Per the Primary Treating Physician's Progress Report dated 10-02- 2015, the injured worker presented for follow-up as it pertains to his knee and plantar fasciitis. He reported the severity of his pain as 7-8 out of 10, which is, reduced approximately 50% to 3-4 out of 10 with medications. He can sleep and perform ADLs with the use of medications. Objective findings included crepitus with range of motion of the left knee. There is swelling noted. The plantar fascia of the left foot is still chronically uncomfortable, especially at the base of the foot. He ambulates with an antalgic gait. Work status was modified. The plan of care included, and authorization was requested on 10-02-2015 for compound medications: Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base and Amitriptyline10%-Gabapentin 10%-Bupivacaine 5% in cream base, 210gm. On 10-09-2015, Utilization Review non-certified the request for compound medication: Amitriptyline10%-Gabapentin 10%-Bupivacaine 5% in cream base, 210gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base #210 grams: 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 injured worker sustained a work related injury on 7-15-2008. The medical records provided indicate the diagnosis chronic plantar fasciitis left foot status-post surgical intervention with minimal improvement, status post meniscus tear of the left knee status-post surgery with residual pain and new tear, chronic left heel pain, low back pain with spasticity, and depression. Treatment to date has included surgical intervention left partial plantar fasciectomy, 10-26-2009), crutches, pain management evaluation, walking boot, psychiatric evaluation and treatment, and medications. The medical records provided for review do not indicate a medical necessity for compound: Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base #210 grams. The topical analgesics largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested treatment is not medically necessary because each of the active the agents is not recommended.