

<b>Case Number:</b>	CM15-0217905		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old male who sustained a work-related injury on 5-29-12. Medical documentation on 5-7-15 indicated the injured worker was on dialysis treatment and "medication is contraindicated." A trial of a topical compound medication facilitated significant diminution in pain and improved the injured worker's tolerance for standing and walking. Medical record documentation on 9-3-15 revealed the injured worker was being treated for lumbar disc protrusion of L4-5 and right Achilles tendinopathy. He reported ongoing back pain and right ankle pain. An MRI of the right ankle on 8-13-15 suggested chronic tendinopathy with new edema anterior to the lateral malleolus. An MRI of the lumbar spine on 8-13-15 revealed no major central or foraminal stenosis and a small L4-L5 left far lateral extrusion similar to the previous study with at most mild narrowing of the lateral aspect of the left foramen. Objective findings included diffuse tenderness to palpation in the posterior lumbar area with a limited range of motion of the right ankle. He had diffuse tenderness through the lateral aspect of the ankle and pain on inversion and eversion. A request for physical therapy two times a week for four weeks for the lumbar spine and right foot and topical analgesic Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 2% with 3 refills was received on 9-26-15. On 10-5-15, the Utilization Review physician determined physical therapy two times a week for four weeks for the lumbar spine and right foot and topical analgesic Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 2% with 3 refills was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine and right foot 2 times a week for 4 weeks, quantity: 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in May 2012 when he slipped and twisted his right foot. An MRI of the right ankle in August 2015 showed findings of chronic Achilles tendinopathy and new edema anterior to the lateral malleolus along the flexor hallucis longus. An MRI of the lumbar spine showed findings of minimal disc bulging and a small left lateralized disc protrusion at L4/5. There was no significant change from a prior scan in July 2013. When seen in September 2015 the MRI results were reviewed. Physical examination findings included diffuse lumbar and lateral right ankle tenderness. There was decreased and painful right ankle range of motion. Authorization was requested for topical compounded cream and 8 additional sessions of physical therapy. Case notes reference authorization of approximately 36 treatments since injury. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

**Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 2% 300grams, with 3 refills:** 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 claimant sustained a work injury in May 2012 when he slipped and twisted his right foot. An MRI of the right ankle in August 2015 showed findings of chronic Achilles tendinopathy and new edema anterior to the lateral malleolus along the flexor hallucis longus. An MRI of the lumbar spine showed findings of minimal disc bulging and a small left lateralized disc protrusion at L4/5. There was no significant change from a prior scan in July 2013. When seen in September 2015 the MRI results were reviewed. Physical examination findings included diffuse lumbar and lateral right ankle tenderness. There was decreased and painful right ankle range of motion. Authorization was requested for topical compounded cream and 8 additional sessions of physical therapy. Case notes reference authorization of approximately 36 treatments since injury. In terms of topical treatments, cyclobenzaprine and

baclofen are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.