

<b>Case Number:</b>	CM15-0054406		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Arizona, California  
 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 (IW) is a 34-year-old female who sustained an industrial injury on 08/30/2013. She reported being struck by pallets of cardboard that fell from a height of eight feet striking her causing a fall resulting in right ankle, right hip, and head pain. The injured worker was diagnosed as having cervical sprain, posttraumatic headaches, right hip sprain, and right ankle sprain. Treatment to date has included medications. Currently, the injured worker complains of neck and ankle pain that has increased since her last visit. The neck pain radiates to the shoulder, and the ankle feels like it needs to "pop." Examination of the cervical spine is normal on visual inspection, and has tenderness at the cervical paravertebrals, right trapezius, and medial boarder of the right scapula. Right rotation of the neck and right tilt is restricted and painful. Flexion of the neck is close to normal, and extension of the neck is somewhat restricted and painful. Cervical compression test is negative. On the right lower extremity, she has tenderness on the right posterior, superior iliac spine with flexion to six inches. The gait is normal. There is discomfort in the medial and lateral malleoli and full and painless rotation of the ankle. The plan of treatment is to have a short course of deep tissue massage once weekly for four weeks. A refill of GLFCMK cream (gabapentin 10%, Lidocaine 10%, Flurbiprofen 2%, cyclobenzaprine 2% menthol 1% and Ketamine 1%) for topical application is refilled, and Ibuprofen 800 mg twice daily is ordered. The worker is to continue a home exercise program and a gym membership is recommended. Requests for authorization were made for the following: 1. Motrin 800mg #60. 2. Deep tissue massage 1x4 visits for the cervical spine, right hip, and right ankle. 3. DLPCMN Ointment #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DLPCMN Ointment #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine as well as topical Gabapentin are not recommended due to lack of evidence. The claimant was already receiving a topical compound containing Gabapentin and Cyclobenzaprine. In addition, the justification for the addition of another topical cream DLPCMN was not substantiated and there is no indication for combining multiple topical medications along with oral NSAIDS. The DLPCMN is not medically necessary.