

<b>Case Number:</b>	CM15-0081502		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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

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:

The injured worker is a 58 year old female with an industrial injury dated 5/14/2010. The injured worker's diagnoses include status post left ankle open reduction internal fixation (ORIF) surgery with residual pain and decreased motion exacerbation and left foot plantar fasciitis. Treatment consisted of prescribed medications, extracorporeal shockway therapy, left ankle surgery on 5/26/10 and periodic follow up visits. In a progress note dated 2/26/2015, the injured worker reported left ankle/foot pain rated a 8/10 with an increase from 5/10 at prior visit. Left ankle/ left foot exam revealed tenderness to palpitation and palpable spasm with restricted range of motion. The treating physician prescribed Amitriptyline 10% Gabapentin 10% Bupivacaine 5% in cream base 180grams and Flurbiprofen 20% Baclofen 5% Camphor 2% Dexamethasone 2% Menthol 2% Capsaicin 0.025% in cream base 180 grams now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 10% Gabapentin 10% Bupivacaine 5% in cream base 180grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical gabapentin is recommended as not medically necessary.

**Flurbiprofen 20% Baclofen 5% Camphor 2% Dexamethasone 2% Menthol 2% Capsaicin 0.025% in cream base 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Regarding this request, one of the components requested is topical baclofen. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 113 of 127 state the following: "Topical Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." Given these guidelines, the topical baclofen is not medically necessary. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, the entire request is not medically necessary.