

<b>Case Number:</b>	CM15-0087240		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 09/25/2014. The injured worker reported that an 800 pound steel frame fell on him causing multiple injuries. The injured worker was diagnosed as having a single episode of major depression with moderate anxiety, psychological factors affecting the physical condition, internal derangement of the left knee, left knee and leg sprain/strain, left ankle sprain/strain, left forearm pain, left wrist sprain/strain, lumbar sprain/strain, cervicgia, left lateral epicondylitis, left ulnar collateral tear Grade II, and sleep disturbance. Treatment and diagnostic studies to date has included psychological treatment, psychiatric evaluation and treatment, chiropractic therapy, medication regimen, physical therapy, use of a transcutaneous electrical nerve stimulation unit, nocturnal polysomnogram, use of heat and ice, x-rays of the left wrist, left forearm, left knee, and left ankle, magnetic resonance imaging of the left knee, and magnetic resonance imaging of the left ankle. In a progress note dated 03/31/2015 the treating physician reports complaints of burning, numbing, spasm type of pain to the left knee, numbing and shooting type of pain to the left ankle and the left leg, numbing discomfort to the left forearm, pain to the left wrist, and aching, tight pain to the lumbar spine. Examination reveals swelling to the left knee with pain, swelling to the left ankle, tenderness to the left lumbar facets and the left lumbosacral spine on palpation, positive straight leg raise on the left, antalgic gait, forearm muscle tear to the left forearm, decreased grip strength bilaterally, spasm and pain with range of motion to the cervical spine, tenderness to the suboccipital region, right upper cervical facets, left upper cervical facets, left mid cervical facets, and lower left cervical facets, along with left trapezius muscle spasm. The

injured worker's current medication regimen included Norco, Gabapentin, Omeprazole, Fluoxetine HCL, Amrix, Clonidine HCL, and Trazadone HCL. The injured worker rates the pain to the left knee, left ankle, and the lumbar spine a 5 out of 10 and rates the pain to the left leg a 4 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested Ciclofena, Gabapentin, Lidocaine, Sterile Water, and ETOX with a quantity of 240 with 3 refills for the knee and ankle pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound cream: Ciclofena, Gabapentin, Lidocaine, Steril, WA, ETOX #240 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in September 2014 and continues to be treated for left-sided low back, arm, knee, and ankle pain. When seen, medications were providing minimal pain relief. Treatments had included physical therapy, acupuncture, and TENS without benefit. Pain was rated at 5/10. There was decreased cervical spine range of motion with tenderness and muscle spasms. There was decreased lumbar spine range of motion with tenderness and positive left straight leg raising. There was an antalgic gait. There was left knee and ankle swelling. The requested compounded topical medication contains gabapentin. 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. 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 is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.