

<b>Case Number:</b>	CM14-0111937		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/11/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50 year-old female patient with a 7/11/2001 date of injury. The mechanism of injury was when the patient stumbled on some bottles at work and fell injuring her left ankle. An emergency facility diagnosed her with a fracture-dislocation of the ankle. On a 6/11/14 progress report the patient complained of left foot and ankle pain that got better. She also stated that her mood was greatly affected secondary to topical medication which she subsequently stopped. The patient said she was experiencing bouts of anger and headaches with use of the topical medication. The patient also complained of numbness and coldness along the 4th and 5th digits. Physical examination showed swelling and tenderness. The bilateral ankle ROM was 0-30. The documentation showed that gabapentin was removed from the topical compound due to an allergy. The diagnostic impression is abnormal subtalar joint with likely chronic abnormality of the talar dome, progressive arthritic change in ankle joint, tarsal tunnel syndrome, neuroma of the left superficial peroneal nerve, possible neuroma of the saphenous nerve, planovalgus foot exacerbated by arthritis, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream (bupivacaine 1%, diclofenac 3%, doxepin 3%, orphenadrine 5%, pentoxifylline 3%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is for a compounded formulation of bupivacaine 1%, a topical anesthetic agent, diclofenac 3%, a NSAID, doxepin 3%. A tri-cyclic antidepressant agent, orphenadrine 5%, a muscle relaxant, and pentoxifylline 3%, an agent for intermittent claudication. CA MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain after trials of first-line oral antidepressants and anticonvulsants have failed. The guidelines state that many agents are compounded including local anesthetics and antidepressants, but there is little or no research to support their utilization, and there is no evidence to support the topical use of orphenadrine or pentoxifylline in a topical formulation. The guidelines also state that any compound that contains at least one drug that is not recommended is not recommended. Therefore, the request for 1 prescription of Compound Cream (bupivacaine 1%, diclofenac 3%, doxepin 3%, orphenadrine 5%, and pentoxifylline 3%) is not medically necessary.