

<b>Case Number:</b>	CM14-0117924		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain reportedly associated with an industrial injury of September 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis of a metatarsal fracture; topical compounds; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated July 23, 2014, the claims administrator denied a request for a topical compounded baclofen-containing cream. The applicant's attorney subsequently appealed. In a progress note dated February 28, 2014, the applicant reported persistent complaints of foot pain. The applicant was placed off of work, on total temporary disability. Medication selection was not explicitly discussed on this date. The applicant's medication list was not provided. In a May 29, 2014 progress note, the applicant was again asked to remain off of work, on total temporary disability, owing to ongoing complaints of foot pain. Once again, medication selection and medication choice were not explicitly discussed. In another note dated June 26, 2014, the applicant reported that an unspecified topical compound was ameliorating his foot pain complaints. The applicant was apparently returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen/Doxepin/Gabapentin/Meloxicam/Pentoxifyline/Topiramate  
2%/5%/6%/0.5%/3%/2% 120 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/10/14) Compound drugs

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither baclofen nor gabapentin, two of the ingredients in the compound at issue, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider has failed to outline why first-line oral pharmaceuticals could not be employed here. Therefore, the request is not medically necessary.