

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0128711 |                              |            |
| <b>Date Assigned:</b> | 08/15/2014   | <b>Date of Injury:</b>       | 08/05/2010 |
| <b>Decision Date:</b> | 10/08/2014   | <b>UR Denial Date:</b>       | 07/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2014 |

### 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 and ankle pain reportedly associated with an industrial injury of August 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for a topical compounded drug. The claims administrator invoked non-MTUS ODG Guidelines in its denial, despite the fact that the MTUS addresses the topic. The now-outdated and renumbered MTUS was also cited. In a June 18, 2014 progress note, the applicant reported ongoing complaints of right knee, leg, foot, and ankle pain, reportedly severe. The applicant was pending foot and ankle surgery. The applicant was given diagnosis of plantar fasciitis and electro diagnostically-confirmed tarsal tunnel syndrome. The applicant's medication list was not provided. There was no discussion of medication selection and/or medication efficacy incorporated into this particular progress note. In an earlier note dated April 21, 2014, the applicant was described as reporting multifocal 8/10 elbow, knee, ankle, and wrist pain with derivative complaints of anxiety. The applicant was placed off of work, on total temporary disability, while authorization was sought for a right wrist surgery. The applicant was using Norco, Protonix, and tramadol, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen powder/Cyclobenzaprine hel powder/Lidocaine hel powder/Ethoxy diglycol liquid/PCCA custom lipo-max cream 240gm, Date of Service: 4/29/14: 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 topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that that applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco and tramadol, effectively obviates the need for the topical compound at issue. Therefore, the request is not medically necessary.