

<b>Case Number:</b>	CM14-0135989		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 and 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:

The injured worker is a 50-year-old male who sustained an injury on 11/02/10. On 4/24/14 the patient presented demonstrating continuation of symptoms regarding the left foot. He still had swelling and edema to the left foot. He continued to demonstrate difficulty with ambulation and weight-bearing. On exam he continued to demonstrate hypersensitivity to the left foot, pain to palpation, poor gait and poor functionality. He continued to have residual effects of his delayed surgery. No diagnostic studies, past surgeries or treatments were documented. He is currently on Norco, Motrin and topical medications. Topical medications are primarily used at work because he cannot take narcotic medications while performing his normal work activities. The diagnoses include right knee re-aggravation status post meniscectomy, sural neuritis, nonunion fifth metatarsal resolved, painful internal fixation and removal of fixation, painful gait and diabetes. The request for retrospective request for Keto/Baclo/Cyclo/Gaba/Lido/Ethoxy cream (duration and frequency unknown) (DOS 4/24/14) was denied on 7/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Keto/Baclo/Cyclo/Gaba/Lido/Ethoxy cream (duration and frequency unknown) (DOS 4/24/14): 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 Page(s): 111.

**Decision rationale:** According to the California MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the California MTUS guidelines, muscle relaxants, such as Cyclobenzaprine are not recommended in topical formulation. Gabapentin is not recommended per guidelines. There is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested compound is not established per guidelines.