

<b>Case Number:</b>	CM14-0138441		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

Injured worker is a female with date of injury 8/10/2013. Per primary treating physician's initial evaluation report dated 2/10/2014, the injured worker is status post right foot fracture and ankle fracture. She has continued pain and weakness in the foot and ankle with prolonged weight bearing activities. She states pain in her right foot comes and goes about two to three times a day. She experiences pain of 6/10 on a normal basis. She was prescribed Norco, but it upsets her stomach so she has not been on medication since December. On examination there is tenderness over the right foot anteriorly, and lateral right ankle. No swelling is noted. She has difficulty with toe-heel walk due to pain and weakness. Range of motion is 90% of normal. Right foot muscle testing is 4/5. Diagnosis is status post fracture right foot and ankle with radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of topical cream compound (Flurbiprofen/Tramadol in Mediderm base):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical Analgesics section Page(s): 67-73, 82, 83, 93, 94, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not address the use of topical tramadol. Therefore, the request for Unknown prescription of topical cream compound (Flurbiprofen/Tramadol in Mediderm base) is determined to not be medically necessary.