

<b>Case Number:</b>	CM14-0214232		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York  
Certification(s)/Specialty: Internal Medicine

### 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 claimant is a 38 year old, male who sustained an industrial injury on 02/21/13. The mechanism of injury occurred when another employee ran a pallet jack into the claimant's right heel. His diagnoses include right foot and right ankle pain. Per the evaluation on 11/14/14 the patient still complains of right foot and ankle pain. On physical exam there is pain to palpation of the Achilles tendon and the bottom of the right heel. Treatment has consisted of medical therapy with Naprosyn, Gabapentin, a topical compounded analgesic, and Ambien. The treating provider has requested a compound analgesic cream ( Gabapentin, Tramadol, Capsaicin, Camphor and Menthol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Analgesic Cream (Gabapentin, Tramadol, Capsaicin, Camphor and Menthol):**  
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): (s) 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically 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 (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, Adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, Bradykinin, Adenosine Triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case Tramadol and Gabapentin are not FDA approved for topical application. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.