

<b>Case Number:</b>	CM15-0110588		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a(n) 60 year old female, who sustained an industrial injury on 2/26/12. She reported pain in her left knee, left hip and bilateral feet after falling and landing on her left side. The injured worker was diagnosed as having a slip and fall contusion injury due to left knee, injuring right foot, exostosis of the fifth metatarsophalangeal joint of the left foot, left foot degenerative joint disease and overuse injury to the right foot. Treatment to date has included left knee arthroscopy, physical therapy with no lasting benefit, right foot surgery and topical creams. As of the PR2 dated 5/6/15, the injured worker reported doing well since right foot surgery. The treating physician noted no signs of infection in the right foot and that the injured worker is full weight bearing. The left and right ankle range of motion is normal. The treating physician requested Gabapentin/Levocetir/Prilocain/Flutic 15%-1%-2% Pracasil base quantity 240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound MED: Gabapentin/Levocetir/Prilocain/Flutic 15%-1%-2% Pracasil base quantity 240:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic is not recommended for pain management. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). Therefore, the request for compound MED: Gabapentin/Levocetir/Prilocain/Flutic 15%-1%-2% Pracasil base quantity 240 is not medically necessary.