

<b>Case Number:</b>	CM15-0112027		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 29 year old male, who sustained an industrial injury on 10/09/2012. Diagnoses include left Lisfranc injury and lumbar strain. Treatment to date has included diagnostics, medications and therapy. X-rays of the right foot were described as unremarkable and x-rays of the left foot (8/1/2014) showed mild osteopenia per the evaluating provider. The evaluating provider as showing some very mild spondylosis with no spondylolisthesis or spondylosis, and no significant disc space narrowing or osteophytosis read X-rays of the lumbar spine. Per the Panel Qualified Medical Evaluation dated 9/08/2014, the injured worker reported complaints described as unchanged. He underwent radiographs. Physical examination revealed tenderness to palpation of the lumbar paraspinals. There was no spasm and some guarding. He was able to flex to 70 degrees and extend to 90 degrees. The mid foot continues to be tender and inversion and eversion stressing of the mid foot area causes significant pain. The plan of care included topical medication administered on 12/09/2014 and authorization was requested for capsaicin/Panthenol/dexamethasone/menthol/camphor/Baclofen/Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Capaicin/Panthernol/Dexamethasone/Menthol/Camphor/Baclofen powder/Flurbiprofen (12/9/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the retrospective request for Capaicin/Panthermol/Dexamethasone/Menthol/Camphor/Baclofen powder/Flurbiprofen is not medically necessary.