

<b>Case Number:</b>	CM15-0177623		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 65 year old male, who sustained an industrial injury on 7-24-13. The injured worker was diagnosed as having neuroma second interspace left foot; metatarsalgia; hallux valgus - arthritis; painful gait. Treatment to date has included orthotics; cortisone injections; status post excision of neuroma on (7-17-15); medications. Currently, the PR-2 notes dated 7-27-15 indicated the injured worker presented on this date for re-assessment and re-evaluation regarding his left foot. The injured worker is a status post excision and decompression of second interspace neuroma left foot on 7-17-15. He presents on this day able to perform full weight bearing with the use of a CAM walker. The provider documents "He states he is improving and has experienced improvement since the surgery and with use of the CAM walker. His symptoms are much less subsequent to the surgery. Review of systems is unchanged." The injured worker is physically examined by the provider. The provider notes "vascular: dorsalis pedis and posterior tibial pulses are 2+ over 4 and palpable bilaterally. The capillary fill time is immediate in digits one through five bilaterally. The patient's skin temperature is warm to all digits bilaterally. Minimal telangiectasias are present bilaterally. No varicosities are identified. No rubor or cyanosis is identified. No overt vascular lesions are identified." The provider notes a Dermatologic and Neurovascular examination documented as: "There is well-healed wound on the dorsal aspect of the left foot. No signs of infection, purulence, edema, or complications are noted. The suture is intact. The patient's skin texture is within normal limits. Skin tone and color are within normal limits bilaterally. Hair growth is present bilaterally, and all 10 nails are unremarkable. No hypertrophic lesions are identified. There is no edema noted. All epicritic

sensations are intact and symmetrical bilaterally. Deep tendon reflexes for the Achilles and patellar tendons are 2+ over 4 bilaterally. Babinski is no present, and clonus is not elicited bilaterally. No sympathetic atrophic changes are identified. No peripheral hyperhidrosis is noted. No other neurologic deficits are noted." The provider also documents the injured workers muscle testing is +5 over 5 and "within normal limits in all muscles controlling dorsiflexion, planar flexion, inversion and eversion." He notes the injured worker "ambulates in a full weight bearing status. He demonstrates improvement as expected regarding the left foot. He underwent sterile dressing change today and he was instructed to keep the foot dry and clean. No other problems were identified." The provider's discussion and recommendations to the injured worker included "the patient continues to experience significant lower back pain and requires assessment and treatment with an orthopedic specialist who practice is limited to the treatment of spinal disorders and injuries. He is requesting a specialty consultation. He is scheduled to return to this office in two weeks for suture removal. A Request for Authorization is dated 9-9-15. A Utilization Review letter is dated 9-4-15 and non-certification was for Flurbiprofen/Cyclobenzaprine/Lidocaine (FCL) 20 %/4%/5%, 240 grams. Utilization Review denied the requested topical medication for not meeting the CA MTUS Guidelines. The provider is requesting authorization of Flurbiprofen/Cyclobenzaprine/Lidocaine (FCL) 20 %/4%/5%, 240 grams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen/Cyclobenzaprine/Lidocaine (FCL) 20 %/4%/5%, 240 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Topical analgesics, Rev Bras Anestiol, 2012 March.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

**GPGL (unknown specific ingredients) 15%/3%/1%/2%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Topical analgesics, Rev Bras Anestiol, 2012 March.

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