

<b>Case Number:</b>	CM15-0062622		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Michigan, 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 70-year-old male, who sustained an industrial injury on October 10, 2014. He reported left foot pain. The injured worker was diagnosed as having left cuboid fracture, non-displaced and left peroneus longus partial tear. Treatment to date has included diagnostic studies, a walking boot, physical therapy and work restrictions. Currently, the injured worker complains of left foot pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He reported a cruiser running over his foot while working his station at an amusement park. He was treated conservatively without complete resolution of the pain. He was non-weight bearing for some time then transitioned to a walking boot and then tennis shoe however continued to experience pain in the foot. He tried physical therapy but reported it provided little benefit. Evaluation on February 25, 2015, revealed continued pain. Surgery was discussed but he wanted to hold off on surgical intervention. A compound pain cream was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Katamine 5%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Tetracaine 2%, Orphenadrine 5% 360g with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**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. That 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. The topical analgesic contains gabapentin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the use of Topical Katamine 5%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Tetracaine 2%, Orphenadrine 5% 360g with 1 refill is not medically necessary.