

<b>Case Number:</b>	CM15-0075916		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42year old female, who sustained an industrial injury on 4/3/12. She reported left foot and ankle. The injured worker was diagnosed as having Pes Valgo Planos. Treatment to date has included posterior tendon debridement with lateral strengthening through the anterior process column of calcaneus on left, physical therapy, leg brace and oral medications. Currently, the injured worker noted mild improvement of symptoms. On 8/15/12, the injured worker noted mild improvement in symptoms. Physical exam noted decreased range of motion of left foot/ankle over posterior aspect of tib/fib with pain on palpation to area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flubicaps, CampMenthol x 1 refill:** 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 creams; Topical analgesics Page(s): 111.

**Decision rationale:** The patient was injured on 04/03/12 and presents with pain along the tibialis posterior tendon over the left subtalar joint. The request is for flurbicaps, campmenthol x1 refill. There is no RFA provided and the patient's current work status is not provided. There are three reports provided from 06/08/12- 08/15/12. No other recent documentation is provided. The report with the request is not provided. MTUS has the following regarding topical creams (page 111, chronic pain section), Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. In this case, the report with the request is not provided, nor is there any discussion regarding this request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. The patient's diagnosis does not document neuropathic pain, and there is no indication that the patient tried and failed antidepressants and anticonvulsants. The Capsaicin component of the compounded product would not be recommended for the patient's diagnoses, therefore the whole compounded product that contains capsaicin is not recommended. The request is not medically necessary.

**CycloUltram x 1 refill:** 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 Cream Page(s): 111.

**Decision rationale:** The patient was injured on 04/03/12 and presents with pain along the tibialis posterior tendon over the left subtalar joint. The request is for cycloultram x1 refill. There is no RFA provided and the patient's current work status is not provided. There are three reports provided from 06/08/12- 08/15/12. No other recent documentation is provided. The report with the request is not provided. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, the report with the request is not provided, nor is there any discussion regarding this request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine and Tramadol, neither of which are indicated for use as a topical formulation. Therefore, the requested CycloUltram is not medically necessary.

