

<b>Case Number:</b>	CM15-0077373		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 York, Tennessee

Certification(s)/Specialty: Emergency 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 31 year old female with an industrial injury dated 05/18/2011. Her diagnoses included status post right foot 2nd and 3rd space interdigital Morton's neuroma excision complicated by infection, metatarsalgia, chronic post-operative right forefoot neuropathic pain syndrome. Prior treatments included physical therapy, medications, excision right foot interdigital Morton's neuroma, physical therapy, post of infection with wound care and diagnostics. She presents on 03/27/2015 with right foot pain, which she rates as 7-8/10. Physical exam noted right foot dorsal skin was slightly darker. There were no other skin or nail changes noted. Right foot was without deformity. The injured worker stated she had used a cream that helped with the pain. Treatment plan included a topical cream for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10 percent, Clyclobenzaprine 1 percent, Gabapentin 6 percent, Lidocaine 2 percent, Prilocaine 2 percent:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Prilocaine: Drug Information.

**Decision rationale:** This medication is a compounded topical analgesic containing flurbiprofen, cyclobenzaprine, gabapentin, lidocaine, and prilocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. It is not recommended. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. It is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case, there is no documentation of post-herpetic neuralgia. Lidocaine is not recommended. Prilocaine is a local anesthetic uses infiltratively and topically for minor surgical procedures. There are no minor surgical procedures scheduled. Prilocaine is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized. It is not medically necessary.