

<b>Case Number:</b>	CM15-0079317		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Florida  
 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 39 year old male, who sustained an industrial injury on April 6, 2013. He reported a left ankle injury. The injured worker was diagnosed as having sprain/strain of both ankles and painful gait. Diagnostics to date has included MRIs, x-rays, and urine drug screening. Treatment to date has included physical and chiropractic therapy for the left ankle, work modifications, crutches, an ankle brace, Cam walker boot, and medications including opioid, topical, anti-anxiety, antidepressant, and non-steroidal anti-inflammatory. On February 9, 2015, the injured worker complains of bilateral ankle pain, greater in the left ankle than the right. He is not interested in having surgery. He reports that his bilateral ankle and foot complaints are "livable". The physical exam revealed limited range of motion with pain and mild pain with toe walking and standing, squatting, and crouching. There was pain to initial walk-off. The treatment plan includes glucosamine and topical medications for breakthrough pain, as he does not want take any narcotic medications. The requested treatment is CMPD-PCCA Lido/Propylene/Tramadol/Cyclobenz compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Lipo/Propylene/Tramadol/Cyclobenz #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Topical Analgesics, pages 111-113.

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines go on to state that, There is little to no research to support the use of many of these agents. The guideline specifically says, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains Cyclobenzaprine. MTUS guidelines specifically state regarding topical muscle relaxants, Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. This requested topical analgesic contains cyclobenzaprine, which is a muscle relaxant and which is not recommended in topical form by the MTUS guidelines. Likewise, this request is not considered medically necessary.