

Case Number:	CM15-0093375		
Date Assigned:	05/19/2015	Date of Injury:	08/22/2013
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 52-year-old female, with a reported date of injury of 08/22/2013. The diagnoses include chronic tibial tendon tenosynovitis, rule out lumbar intradiscal component, and rule out lumbar radiculopathy. Treatments to date have included x-rays of the lumbar spine; x-rays of the left hip; x-rays of the right ankle; x-rays of the right ankle and foot; an MRI of the lumbar spine on 04/27/2015 which showed degenerative change of the facet joints with minimal fluid within the joint capsule, a bulge in the annulus and central annular fissure; oral medications; a transcutaneous electrical nerve stimulation (TENS) unit, and LSO. The medical report dated 04/27/2015 indicates that the injured worker complained of right ankle pain, rated 7 out of 10; low back pain with right lower extremity symptoms, rated 7 out of 10; and right wrist pain, rated 8 out of 10. The objective findings include tenderness of the lumbar spine; decreased lumbar range of motion; positive straight leg raise test on the right for pain to the foot; diminished sensation at the right L5 and S1 dermatomal distributions; spasm of the lumbo-paraspinal musculature; tenderness of the right ankle medial aspect and at the joint line; pain with range of motion of the foot at the ankle; and a slightly antalgic gait. The treating physician requested compound medication 300 grams Ketoprofen 10%/Gabapentin 6%/Bupivacaine 5%/Fluticasone 1%/Baclofen 2%/Cyclobenzaprine 2%/Clonidine 0.2%/Hyaluronic acid 0.2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication 300 grams, Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic acid 0.2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, such as the compound requested above. Topical analgesics are considered as 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. 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. Two of the components of this requested compounded topical analgesic include Baclofen and Gabapentin. The MTUS guidelines comments on these two agents. 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. In this case, given that two of the components of this compounded topical analgesic, Baclofen and Gabapentin are not recommended, the compounded topical analgesic containing ketoprofen, gabapentin, bupivacaine, Fluticasone, baclofen, cyclobenzaprine, clonidine and hyaluronic acid, is not medically necessary.