

<b>Case Number:</b>	CM15-0099562		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Texas, 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 60-year-old female, who sustained an industrial injury on 1/24/12. The injured worker was diagnosed as having peroneal tendinitis, bursitis, plantar fasciitis and pain. Treatment to date has included Unna boot, oral medications, topical medications, ankle injection, orthotics, activity restrictions and home exercise program. Currently, the injured worker complains of bilateral ankle pain, rated 7-8/10 on outer aspect of bilateral ankles and 4-5/10 in heel area. Physical exam noted increased edema over lateral ankles bilaterally, worse since previous visit; increased pain with palpation of bilateral tibial/fibular shafts, increased pain with palpation of bilateral sinus tarsi and bilateral peroneal tendons, antalgic gait and decreased range of motion. A request for authorization was submitted for follow up podiatry visit, injection and compound creams. The medication list includes Hydrocodone and Morphine. The patient sustained the injury due to trip and falls incident. The patient has had MRI of the right knee that revealed ligament tear. Patient has received an unspecified number of PT visits for this injury. The patient's surgical history include right knee arthroscopy on 6/4/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10 Percent/Baclofen 2 Percent/Gabapentin 10 Percent/Amitriptyline 2 Percent/Clonidine .2 Percent/Hyaluronic Acid .2 Percent 180 Gram: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Request: Ketamine 10 Percent/Baclofen 2 Percent/Gabapentin 10 Percent/Amitriptyline 2 Percent/Clonidine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Topical Gabapentin is not recommended in this patient for this diagnosis as cited. Amitriptyline is an antidepressant. Per the cited guidelines, "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants." There is little to no research to support the use of many of these agents. Therefore, topical amitriptyline is not recommended by the cited guidelines. Baclofen is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical Gabapentin, Baclofen and amitriptyline are not recommended in this patient for this diagnosis as cited. The medical necessity of the request for Ketamine 10 Percent/Baclofen 2 Percent/Gabapentin 10 Percent/Amitriptyline 2 Percent/Clonidine is not fully established in this patient.