

<b>Case Number:</b>	CM13-0006200		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/07/2002
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Interventional Spine. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year-old female who was injured on 5/7/2002. She has been diagnosed with causalgia of lower limb; and adjustment disorder with depressed mood. On 7/11/13, Utilization Review (UR) recommended a retrospective denial for a compounded topical medication Gaba/Keto/Lido for the lower extremity that was dispensed on 5/21/13. According to the 5/21/13 psychiatry report from [REDACTED], the patient presents with 7/10 in the right foot, ankle, knee, hip, low back, both shoulders and neck. The report states the compound topical was to be applied to the affected area twice a day, but does not specify what areas in particular to apply it to; and there was no reporting on efficacy of the topical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST OF TOPICAL COMPOUND MEDICATION GABA/KETO/LIDO FOR THE RIGHT ANKLE, RIGHT KNEE, AND RIGHT LOWER EXTREMITY:** 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 ANALGESICS Page(s): 111-113.

**Decision rationale:** According to the 5/21/13 psychiatry report from [REDACTED], the patient presents with 7/10 in the right foot, ankle, knee, hip, low back, both shoulders and neck. The review is for necessity of a compounded topical that contains gabapentin, ketoprofen, and lidocaine. On page 111, under Topical Analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states gabapentin is not recommended for topical applications. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. MTUS specifically states that Ketoprofen is FDA approved for topical applications. MTUS recommends against all of the specific components of the topical medication. The request is not in accordance MTUS guidelines.