

<b>Case Number:</b>	CM13-0012073		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

The Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. The guidelines indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Therefore, based on guidelines and a review of the evidence, the request for ketoprofen/Ketamine gel is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES:** Upheld

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

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

**Decision rationale:** Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. The Chronic Pain Medical Treatment

Guidelines identify documentation that many agents are compounded as monotherapy or in combination for pain control; and that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The guidelines indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of the diagnoses of right lower extremity radiculopathy, improving; cervical spine left upper extremity radiculopathy; right ankle weakness and difficulty with ambulation; sympathetic dystrophy at the distal ankle; complex regional pain syndrome (CRPS) of the right leg; and abdominal hernia status post a lumbar fusion. However, Medrox cream contains at least one (1) drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medrox patches is not medically necessary.

**FLURBIPROFEN GEL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, TOPICAL ANALGESICS.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identify documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines identify documentation of the failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of the diagnoses of right lower extremity radiculopathy, improving; C/S left upper extremity radiculopathy; right ankle weakness and difficulty with ambulation; sympathetic dystrophy at the distal ankle; complex regional pain syndrome (CRPS) of the right leg; and abdominal hernia status post a lumbar fusion. However, there is no documentation of osteoarthritis pain in the joints that lend themselves to topical treatment and failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for flurbiprofen gel is not medically necessary

**KETOPROFEN / KETAMINE GEL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. The guidelines indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Therefore, based on guidelines and a review of the evidence, the request for ketoprofen/Ketamine gel is not medically necessary.