

<b>Case Number:</b>	CM13-0013006		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 47 year old man under treatment for chronic low back pain. The patient had lumbar discectomy on September 16, 2012 and had at least 24 physical therapy visits since the surgery. The patient continues to be totally disabled. He has symptoms of stress, insomnia, headache and gastrointestinal distress. Symptoms also include, stiffness, weakness in the lumbosacral spine and left shoulder. The patient has used ketoprofen containing compound medications in December 26 2011 and had persistent and worsening pain despite this medication. He is had topical gabapentin since February 13, 2012 and has not had any decrease in symptoms. There were reports of severe liver damage, despite hepatic function results which are normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/ketoprofen topical compound:** 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): 113.

**Decision rationale:** CA MTUS chronic pain guidelines state that gabapentin is not recommended for topical use as there is no peer-reviewed literature to support use. The

guidelines also indicate that ketoprofen is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. CA MTUS does not approve the use of gabapentin or ketoprofen in topical applications therefore as guidelines do not recommend these these medications topically this medication is not medically necessary. The request for the compounded topical drug is not medically necessary and appropriate.

**Capsaicin topical compound:** 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): 112.

**Decision rationale:** CA MTUS chronic pain guidelines state that capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. This medication contains capsaicin 0.0375% and CA MTUS guidelines do not support the use of this medication at this concentration. It states that concentrations over 0.025% do not improve efficacy. Therefore as the guidelines only recommend the use of this medication in a lower concentration this compound is not medically necessary. The request for the compounded capsaicin drug is not medically necessary and appropriate.