

<b>Case Number:</b>	CM13-0015536		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/13/1989
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 55-year-old female who was injured on December 13, 1989. The patient continued to experience pain in neck and low back. Physical examination was notable for slow stooped gait and forward flexed body posture. Diagnoses included lumbar post-laminectomy syndrome, chronic pain syndrome and anxiety disorder. Treatment included requests for authorization for Lidoderm 5% #180 and Transdermal cream ketoprofen 10%, Lidocaine 5%, ketamine 10%, and gabapentin 10% # 60 , were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM 5% (#180): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Lidoderm (lidocaine patch).

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research

is needed to recommend this treatment for chronic neuropathic pain. It is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. In this case the patient's back pain extends from T12 to the sacrum and neck pain is bilateral. The patient's pain is not consistent with neuropathic pain. The medication is not indicated. The request should not be authorized as medically necessary.

**TRANSDERMAL CREAM KETOPROFEN 10%, LIDOCAINE 5%, KETAMINE 10% GABAPENTIN 10% (#60): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, COMPOUND (NSIDS),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

**Decision rationale:** This topical medication contains ketoprofen, Lidocaine, ketamine, and gabapentin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. It is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. The patient's pain is not consistent with neuropathic pain. The medication is not recommended. Ketamine is an anesthetic in animals and humans. The use of topical ketamine is under study. It is recommended only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS and post-herpetic neuralgia. There is no documentation that all primary and secondary treatment options have been exhausted. Gabapentin is not recommended. There is no peer-reviewed literature to support use. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized as medically necessary.