

<b>Case Number:</b>	CM13-0017202		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 claimant is a 33 year old male presenting with chronic back pain after a work related injury on 03/30/2013. The pain was described as pain, weakness and stiffness. The claimant has tried physical therapy and complained of worsening pain. He also had a radiofrequency ablation with no benefit. The physical exam was significant for tenderness, moderate spasms, and straight leg raise to 75 degrees. MRI of the lumbar spine was significant for disc degeneration at L4-5 measuring 3mm and at L5-S1, a posterior disc bulging including a small fragment and measuring a total of 4mm. EMG/NCV of the lower extremity did not show any acute or chronic lumbar radiculopathy or any peripheral neuropathy. The provider noted that the claimant could not take any anti-inflammatory medications due to severe GI distress. A claim was made for Gabapentin/Ketoprofen/Lidocaine 6%/10%/5% ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Ketoprofen/Lidocaine 6%/10%/5% Ointment apply 2-3 times a day lumbar spine containers 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

**Decision rationale:** Gabapentin/Ketoprofen/Lidocaine 6%/10%/5% ointment applied 2-3 times per day to the lumbar spine is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, CA MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. In regards to ketoprofen, which is a topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The provider recommended the compounded ointment for the claimant's low back pain. Therefore, the medication is not indicated.