

<b>Case Number:</b>	CM13-0018310		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Physical Medicine & Rehabilitation 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 50-year-old male who reported an injury on 03/01/2010, when he was pulling a 100+ pound spool of wire from a machine and injured his low back. The patient is reported to complain of ongoing low back pain with radiation of pain to the left leg and to have undergone a left knee arthroscopic partial medial and lateral meniscectomy and chondroplasty. On 09/25/2012, he is noted to have complained of ongoing low back pain. The patient underwent a repeat MRI of the lumbar spine on 02/11/2013 that showed a grade 1 spondylolisthesis of L5 on S1 with degenerative disc dehiscence of the nucleus pulposus with an 8 mm posterior upper protrusion indenting the anterior portion of the thecal sac, with minimal spinal canal stenosis. The patient is noted to have been treated with extensive physical therapy, acupuncture, and 3 lumbar epidural steroid injections, which reportedly provided minimal relief of pain. A clinical note dated 04/29/2013, signed by [REDACTED], reports that the patient complained of cervical spine and lumbar spine pain, with pain, stiffness, weakness, and numbness. He is reported to have complained of left knee pain, with 3+ pain, stiffness, numbness, and weakness, and radiation of pain down to his left lower extremity. On physical exam, the patient is noted to have tenderness and spasms over the bilateral paraspinal muscles at the lumbar spine, going down into the buttock region (more so on the left) and down the left leg. He is noted to have decreased range of motion of the lumbar spine in active flexion and extension. The patient is reported to have a positive straight leg raise on the left, normal deep tendon reflexes, and intact sensation to light touch bilaterally. The patient is reported to have 4/5 strength at the gastroc-soleus and EHL on the left. He is noted to have undergone an electrodiagnostic study, which reported mild, chronic S1 radiculopathy on the left. The patient was reported to have been referred for lumbar surgeon

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Ketoprofen/Lidocaine and Capsaicin Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Topical NSAIDs Page(s): 112.

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

**Decision rationale:** The patient has been prescribed gabapentin/ketoprofen/lidocaine topical analgesic and capsaicin cream for his ongoing complaints of pain. The California MTUS Guidelines state that there is little or no research to support the use of many of the agents used in topical analgesics, and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of topical non-steroidal anti-inflammatories (NSAIDs) for treatment of osteoarthritis and tendonitis for joints that are amenable to utilization of topical ointments and note there is no indication for treatment of osteoarthritis of the hip, shoulder, or spine. The guidelines state that there is no evidence to support use of topical NSAIDs for treatment of neuropathic pain. They recommend a short term course of treatment, usually 4 to 12 weeks. The guidelines do not recommend the use of ketoprofen, as it is not FDA-approved for topical application. They do not recommend the use of lidocaine in any formulation other than a dermal patch. The use of gabapentin topically is not recommended, as there is no peer-reviewed literature to support the use. Capsaicin is recommended as an option only for patients who have not responded or who are intolerant to other treatments. As there is no documentation that the patient has not responded or was intolerant to other treatments, and gabapentin and lidocaine are not recommended in a topical formulation of creams, and ketoprofen is not recommended by the FDA due to high incidence of photo contact dermatitis, the requested gabapentin/keto/lido and capsaicin cream is non-certified.