

<b>Case Number:</b>	CM13-0023604		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Internal 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:

This patient is a 47-year-old female with a date of injury of 04/16/2013. Her primary diagnosis is Lumbar sprain. The documented mechanism of injury is an incident in which she was pushed by her client, fell and hit the ground. A consultation note dated 05/29/2013 by the requesting physician documented subjective complaints of low back pain, right lower extremity pain, headache, neck pain, left shoulder pain, chest pain, hypertension, insomnia, depression, and anxiety. Current medications included ibuprofen, with no known drug allergies. Objective findings included neck tenderness, lumbar tenderness, restricted range of motion, and limb weakness and tenderness. Diagnoses included cervical and lumbosacral strain. The treatment plan included Capsaicin and Gabapentin/Ketoprofen/Lidocaine compounded topical (GabaKetoLido). Another consultation note dated 08/01/2013 by the requesting physician documented that "the patient is on Ultram and she is taking her medications appropriately." A utilization review dated 08/22/2013 recommended non-certification of the requests for Capsaicin and GabaKetoLido (Gabapentin/Ketoprofen/Lidocaine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 2-3 x per day, 60gm, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Capsaicin, topical, and Section on Topical Analgesics Page(s): 28-29, 111-113.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded to, or are intolerant of, other treatments. A consultation note dated 05/29/2013 by the requesting physician documented that the patient's medication regimen included ibuprofen, with no known drug allergies and no history of peptic ulcer, GI (gastrointestinal) bleeding or perforation. A consultation note dated 08/01/2013 by the same physician documented that "the patient is on Ultram and she is taking her medications appropriately." This suggests that the patient was responding to and tolerating Ultram. Because Capsaicin is recommended only as an option in patients who have not responded to, or are intolerant of, other treatments, it is not recommended. Therefore, based on MTUS criteria, the request for Capsaicin is not medically necessary or appropriate.

**Gabaketolido 2-3 x per day, 60gm, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 113. Decision based on Non-MTUS Citation ODG Pain (updated 06/07/13) Compound drugs, Criteria for Compound drugs

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

**Decision rationale:** MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use of Gabapentin. Ketoprofen is not currently FDA approved for topical application. It has an extremely high incidence of photocontact dermatitis. Because Gabapentin is not recommended and Ketoprofen is not FDA approved for topical application, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, this topical compounded product which contains Gabapentin and Ketoprofen is not recommended. Therefore, the request for GabaKetoLido (Gabapentin/Ketoprofen/Lidocaine) is not medically necessary.