

<b>Case Number:</b>	CM13-0028673		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/25/1993
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 and Rehabilitation has a subspecialty in Interventional Spine 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 70 year-old, female with an 8/25/1993 industrial injury. The medical reports from [REDACTED], the plastic surgeon, do not include a diagnosis, but on 4/10/13, [REDACTED] removed two lesions from the neck, and did tenovagotomy of the left 2nd and 3rd digits and left CTR. The IMR application shows a dispute with the 9/12/13 utilization review decision. The 9/12/13 utilization review decision was from RWI and recommends denial of a compounded topical cream consisting of Gabapentin 20%, Ketoprofen 10%, Ketamine 10%, Lidocaine 5%, and Hyaluronic 10.2%. The utilization review decision was based on a medical request from 6/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**topical/transdermal compound medications:** 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): 111-113.

**Decision rationale:** The 6/20/13 request for the compounded topical consisting of Gabapentin 20%, Ketoprofen 10%, Ketamine 10%, Lidocaine 5%, and Hyaluronic 10.2% was not accompanied by any medical report. There are no documents provided for this IMR with a rationale for the compounded topical. However, documentation is not necessary as the requested compounded topical is not in accordance with MTUS guidelines for any condition. The California MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This compounded topical contains Ketoprofen. MTUS specifically states regarding Ketoprofen, "This agent is not currently FDA approved for a topical application...and only FDA-approved products are currently recommended." Ketoprofen is not recommended for topical application, so any compounded topical medication that contains Ketoprofen is not recommended. It is also noteworthy to mention that MTUS specifically states gabapentin is not recommended for topical application. MTUS also states that other than the dermal patch "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The recommendation is for denial.