

<b>Case Number:</b>	CM13-0035466		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Occupational 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:

The applicant filed claims for chronic low back pain, bilateral arm pain, stomach pain, sleep pain, anxiety, and depression reportedly associated with industrial injury of December 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, adjuvant medications, topical compounds, and has had extensive periods of time off of work. In a Utilization Review Report of October 14, 2013, the claims administrator denied a request for a topical compound. The applicant's attorney later appealed. A later progress note of December 4, 2013 is notable for comments that the applicant is pending spine surgery. She reports 10/10 pain. She is asked to continue topical compounded Gabapentin-Ketoprofen-Lidocaine ointment in conjunction with Skelaxin, Opana, Protonix, Elavil, and Fioricet

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Ketoprofen/Lidocaine compound ointment transdermally for pain 3 times a day, #240 grams:** Upheld

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

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

**Decision rationale:** As noted on Pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Gabapentin nor Ketoprofen is recommended for use as a topical application, which results in the entire compound's carrying an unfavorable recommendation per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant has failed to affect any evidence of functional improvement as defined in section 9792.20f through prior usage of the compound. The applicant remains off of work, on total temporary disability, and remains highly reliant on various oral and topical agents. For all of these reasons, the request is not certified.