

<b>Case Number:</b>	CM13-0036485		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 65 year old woman who sustained a work related injury on June 22, 2013. She subsequently developed chronic back pain. Her physical examination of September 26, 2013 demonstrated left foot pain, weakness of the left second and third toe, without trophic changes in her left toes. She was diagnosed with reflex sympathetic dystrophy. The patient was treated with conservative therapies, including opioids. The provider requested authorization to use 1 prescription of Ketoprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%, for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**prospective request for one (1) prescription of Ketoprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Topical Medications.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine

efficacy or safety. Many agents are compounded with other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the California MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Gabapentin topical, one of the compounds of the prescribed topical analgesic is not recommended for pain management. Therefore, the prospective request for one (1) prescription of Ketoprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% is not medically necessary or appropriate.