

<b>Case Number:</b>	CM13-0042931		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/16/1985
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/14/2013
<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 Internal Medicine and Pulmonary Diseases, 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 53-year-old female who reported a work related injury on 5/16/85. The specific mechanism of injury was not stated. The patient presents for treatment of L5-S1 stenosis and spondylolysis. The clinical note dated 11/20/13 reports that the patient was seen under the care of [REDACTED]. The provider documents the patient rates her pain at a 5/10 to 6/10 which interferes with daily activities of living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for compounded Gabapentin 6%, Ketoprofen 20%, and Lipoderm base .:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The clinical documentation submitted for review fails to show positive efficacy of utilization of topical analgesics. Additionally, the California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, topical applications of Gabapentin and Ketoprofen, as

well as Lipoderm are not supported. California MTUS indicates that any compounded product that contains at least one individual drug or drug class that is not recommended, is not recommended as a compounded whole. As such, the request is non-certified.