

<b>Case Number:</b>	CM13-0046943		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/16/1985
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Pain Management 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 is a female patient with the date of injury of May 16, 1985. A utilization review determination dated October 21, 2013 recommends non-certification of CMPD-Ketoprofe/Gabapenti/Propylene/Simethico/PCCA Day Supply: 30 Qty: 240 Refills: 00. The previous reviewing physician recommended non-certification of CMPD-Ketoprofe/Gabapenti/Propylene/Simethico/PCCA Day Supply: 30 Qty: 240 Refills: 00 due to insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this claimant's clinical scenario. A Progress Report dated August 14, 2013 identifies a Chief Complaint of low back pain. Physical Exam identifies low back reveals spasms. There is 40 degrees of flexion and 10 degrees of extension. Diagnoses include L5-S1 stenosis and spondylosis Treatment Plan identifies chiropractic treatment, IF supplies, and Ketoprofen and Gabapentin cream to help with topical analgesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD - Ketoprofen/Gabapentin/Propylene/ Simethicone/PCCA 30-day supply, QTY: 240, Refills: 00: 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): 111-112 and 113 of 127.

**Decision rationale:** Regarding the request for CMPD - Ketoprofen/Gabapentin/Propylene/Simethicone/PCCA 30-day supply, QTY: 240, Refills: 00, Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also state 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. In addition, the Guidelines state there is no evidence for use of muscle relaxants as a topical product. The requested compound cream contains a muscle relaxant, which the Guidelines do not recommend. As such, the currently requested CMPD - Ketoprofen/Gabapentin/Propylene/Simethicone/PCCA 30-day supply, QTY: 240, Refills: 00 is not medically necessary.