

<b>Case Number:</b>	CM13-0054503		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/17/2009
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Florida, Maryland, and Washington, D.C. 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 an injured worker with a date of injury of 01/17/2009. The mechanisms of the injury were not noted in the provided documents. In the most recent progress report it stated that the patient was evaluated on September 11, 2013. The patient noted that cervical and lumbar symptoms were stable. The patient notes on going aching low back pain. Physical examination revealed normal gait. The ability of the cervical spine was limited. There was tenderness to the lumbar paraspinal musculature. The ability of the lumbar spine was limited. Neurovascular status was unchanged. The patient had an office application of topical medications. A urine toxicology screen was obtained. Patient was recommended to continue accessing the gym. The patient is said to have good efficacy from the pain medications. There is no indication that the previous topical lotion did not provide much analgesia. The patient is recommended to try different cream. The patient was evaluated on July 3, 2013. Patient noted residual symptoms and cervical and lumbar spine. The patient has been using hydrocodone, naproxen and cyclobenzaprine. The patients reported benefit from the topical cream. Physical examination noted range of motion with minimal discomfort to cervical spine and lumbar spine. A urine toxicology screen was obtained. Topical creams were applied. Is noted that the patient had evidence of Norco in the previous toxicology screen. The patient was recommended to continue with the present regiment and exercises. At issue is the request for Based on the review of the medical records, is the treatment consisting of Gabaketolido 6/20/6.15% Cream 240g, which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabaketolido 6/20/6.15% cream, 240 gm:** 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 Topical Analgesics Section Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) Chapter, Topical Analgesics, Compounded Section

**Decision rationale:** With respect to topical compound agent Gabaketolido 6/20/6.15% Cream 240g, the guidelines does not support its use. The guidelines lines stated that the use of topical analgesics is largely experimental 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 further stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical use, since there is no peer-reviewed literature to support use. Also the guideline does not support topical lidocaine in whatever formulation except as a lidoerm patch. The request for Gabaketolido 6/20/6.15% cream, 240 gm, is not medically necessary or appropriate.