

<b>Case Number:</b>	CM13-0064226		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 expert 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 male with date of injury of 12/15/2012. The listed diagnoses per [REDACTED] dated 09/19/2013 are: 1. Lumbar discogenic disease at L4-L5 and L5-S1 2. 4mm posterior disc protrusion, facet arthropathy, and disc space collapse at the L5-S1 level 3. Lumbar radiculopathy on the left According to progress report dated 09/10/2013 by [REDACTED], the patient presents with leg pain and low back pain. He indicated that he is currently not working. He is attending therapy which gives him any relief. Objective findings show that the patient's lower back is still very limited with painful range of motion. Paravertebral muscular spasm is noted across the waist. He has tenderness over the L4-L5 and L5-S1 levels. Positive straight leg raising and Lasegue's tests on the left. He has some gastrocnemius and anterior tibialis weakness on the left. He has dermatomal changes at L5 and S1 levels on the left. The treater is requesting a compound cream of gabapentin/ketoprofen/lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND CREAM: GABAPENTIN/KETOPROFEN/LIDOCAINE:** Upheld

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

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

**Decision rationale:** This patient presents with low back and leg pain. The treater is requesting a compound cream of gabapentin/ketoprofen/lidocaine. Utilization review dated 11/22/2013 denied the request stating that "[REDACTED]" provided no documentation that he prescribed Gabapentin/Ketoprofen/Lidocaine QTY:1.00 for any date of service or of any justification for this compound topical medication." MTUS guidelines p111 states for Topical Analgesics: "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." MTUS further states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this request, MTUS does not support Ketoprofen as it is not currently FDA approved for a topical application. Recommendation is for denial.