

<b>Case Number:</b>	CM14-0001218		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Occupational 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 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 has submitted a claim for cervicalgia, reflex sympathetic dystrophy of the upper limb, cervicocranial syndrome, cervical spondylosis without myelopathy, and post laminectomy syndrome of cervical region associated with an industrial injury date of September 25, 2004. Medical records from 2013 were reviewed. The patient complained of persistent neck and right arm pain graded 4-10/10 and described as shooting, throbbing, and stabbing. Pain was aggravated by any activity lasting more than 10 minutes. Physical examination showed loss of normal lordotic curve of the neck, tight muscle bands with trigger points in the paraspinal muscles in the posterior neck, trapezius, levator scapulae, rhomboid muscles on the right, and stiff neck with reduced ROM. Treatment to date has included NSAIDs, opioids, muscle relaxants, and antidepressants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN/KETAMINE/LIDOCAINE/GABAPENTIN 20% 2% 3% 6% 240Gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, 9792.24.2 Page(s): 111-113.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is an anticonvulsant that may be used for neuropathic pain and is not recommended for use as a topical analgesic. Page 113 of the CA MTUS states that topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. Lidocaine a common local anesthetic, in creams, lotions, or gels are not recommended for topical applications. Ketoprofen is an NSAID used for pain and inflammation is not supported for topical applications. In this case, there was no previous use of this compounded topical medication and it was prescribed for reflex sympathetic dystrophy. However, there were no reports of intolerance or failure of oral medications. Recent progress notes reported that the pain was controlled with oral medications. No side effects and abuse of pain medications were noted. The components of this compounded medication are not recommended for topical use. Therefore, the request for ketoprofen/ketamine/lidocaine/gabapentin 20%/2%/3%/6% 240GM is not medically necessary and appropriate.