

<b>Case Number:</b>	CM14-0009019		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 24-year-old male who reported an injury on 07/14/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 01/13/2014 presented the injured worker with pain on his left thigh wound, and irritated skin across a new prosthesis that was placed on 12/02/2013. Upon physical examination, the injured worker had dry skin, no open wounds present, and hyperpigmentation. The injured worker was diagnosed with open wound, knee, and leg. The injured worker's treatment included Prudoxin, and application of lotion for dryness. The provider recommended a compound of Lidocaine, ketoprofen, ibuprofen, gabapentin, and amitriptyline. The provider's rationale for the request was not provided within the documentation. The Request for Authorization form was not included within the documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE POW HCL DAY SUPPLY: 30 QTY: 30 REFILLS: 00 (LIDOCAINE 2.5%, KETO - IBUPROFEN 10%, GABAPENTIN 2%, AMITRIPTYLINE 2%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, Page(s): 111-112.

**Decision rationale:** The request for lidocaine POW HCL day supply: 30, quantity: 30 refills: 0 lidocaine 2.5%, keto - ibuprofen 10%, gabapentin 2%, amitriptyline 2% is non-certified. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note gabapentin is not recommended for topical applications. As the guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. Ketoprofen is not currently FDA approved for topical application. Lidoderm is the only commercially approved topical formulation of Lidocaine and is indicated for neuropathic pain. The compounding cream contains Lidocaine, ketoprofen, and gabapentin, which are all not recommended by the guidelines, and if there is at least one drug that is not recommended within the guidelines, then the compound cream is not recommended. As such, the request is non-certified.