

<b>Case Number:</b>	CM14-0110078		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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:

According to the records made available for review, this is a 54-year-old male with an 10/13/14 date of injury, and cervical spine decompression and anterior posterior fusion at C3-C7 in January, 2013. At the time (5/23/14) of request for authorization for Ketoprofen 20%, Ketamine 10% Cream 120mg; and Gabapentin 10%, Cyclobenzaprine 10% with 0.375% Capsaicin Cream 120mg, there is documentation of subjective (radiating neck pain and bilateral shoulder pain) and objective (restricted range of motion of the cervical spine and mild weakness of the bilateral deltoid motor groups) findings, current diagnoses (status post cervical spine decompression and anterior posterior fusion at C3-C7 with significant residuals, bilateral shoulder pain, bilateral upper extremity weakness, impingement syndrome of the bilateral shoulder, and left lower extremity radiculopathy), and treatment to date (Medications (including Norco)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20%, Ketamine 10% Cream 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): , page(s) 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of status post cervical spine decompression and anterior posterior fusion at C3-C7 with significant residuals, bilateral shoulder pain, bilateral upper extremity weakness, impingement syndrome of the bilateral shoulder, and left lower extremity radiculopathy. However, the requested Ketoprofen 20%, Ketamine 10% Cream 120mg contains at least one drug (ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen 20%, Ketamine 10% Cream 120mg is not medically necessary.

**Gabapentin 10%, Cyclobenzaprine 10% with 0.375% Capsaicin Cream 120mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drug

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics, Page(s): page(s) 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of status post cervical spine decompression and anterior posterior fusion at C3-C7 with significant residuals, bilateral shoulder pain, bilateral upper extremity weakness, impingement syndrome of the bilateral shoulder, and left lower extremity radiculopathy. However, the requested Gabapentin 10%, Cyclobenzaprine 10% with 0.375% Capsaicin Cream 120mg contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%, Cyclobenzaprine 10% with 0.375% Capsaicin Cream 120mg is not medically necessary.