

<b>Case Number:</b>	CM14-0112604		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 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 injured worker is a 52-year-old female who reported an injury on 10/03/2013 due to cumulative trauma. Diagnoses were cervical spine sprain/strain with weakness of the left wrist, right shoulder strain with impingement, left shoulder strain with impingement, bilateral elbow epicondylitis, bilateral wrist strain, and lumbar spine sprain/strain. Past treatments were chiropractic treatment, Functional Capacity Evaluation, group therapy, and biofeedback for anxiety and depression. Diagnostic studies were an MRI of the right and left wrist, and bilateral 4th fingers, x-rays, and an electromyogram (EMG) /nerve conduction study. The electromyogram (EMG) revealed no evidence of bilateral cervical radiculopathy. The nerve conduction study did reveal median neuropathy at both wrists consistent with moderate right and mild left carpal tunnel syndrome. The physical examination on 04/29/2014 revealed complaints of difficulty reaching and grasping objects. The injured worker stated her pain was currently severe. It was reported to have interfered with activities of daily living. The pain level was rated a 6/10 and a 7/10 at its worst. There were no objective examination findings on this visit. Medications were not reported. The treatment plan was for acupuncture. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaba-Keto-Lido Cream 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidocaine, Salicylate Topical, Ketoprofen Page(s): 111 112 105 113.

**Decision rationale:** The request for Gaba-Keto-Lido cream 240gm is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially-approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Ketoprofen is not currently FDA-approved for a topical application. Therefore, the request is not medically necessary

**Toprophan #30 with 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia and medical food <http://enovachem.us.com/portfolio/toprophan/>.

**Decision rationale:** The request for Toprophan quantity of 30 with 1 refill is not medically necessary. This medication was not to be found on the California MTUS or Official Disability Guidelines. Toprophan is a medical nutritional supplement consisting of vitamin B-6, L-Tryptophan, Chamomile, Valerian Extract, Melatonin, Inositol, and other ingredients. The combination of these ingredients may aid in patients in falling and staying asleep. The medical guidelines do not address this request. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.