

<b>Case Number:</b>	CM14-0123205		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Internal 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 injured worker (IW) is a 58-year-old man with a date of injury of September 14, 2005. The mechanism of injury occurred when the IW was lifting bundles of wood. He had a lumbar fusion at L4-L5. He was declared permanent and stationary as of January 25, 2010. Surgical history includes laminectomy, discectomy, and fusion at L4-L5. The IW has been under the care of the treating physician for post-laminectomy syndrome. Pursuant to the progress reports dated May 20, 2014, the IW reports that pain is helped with medications but he still has flare ups. With medications, he is able to work 5-6 hours a day. The combination of Anaprox and Tramadol reduces his pain and inflammation and allows him to continue working. Gabapentin is helpful for neuropathic pain, however he continues to have some allodynic pain for which MediDerm is helpful. Pain is rated 3-4/10 with medications and 8-9/10 without medications. Pain is located in the low back and around the left SI joint region with radiation. Physical examination revealed bilateral tenderness and spasms of the L3-L5 spinous processes. There is increased pain noted with palpation of the paraspinal and left trapezius muscles. Lumbar range of motion was restricted. Sensation was decreased also the left lateral leg. The IW has been diagnosed with post-laminectomy syndrome, lumbar region; lumbar radiculopathy, spasm of muscles, and long-term (current) use of medications. Current medications include Gabapentin 800mg, Tramadol ER 150mg, Anaprox 500mg, Theramine, Sentra AM, Sentra PM, and Prilosec 20mg. The provider is recommending the following creams: 1. Ketoprofen 10%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1% #120 grams. 2. Gabapentin 7%/Ketoprofen 10%/Lidocaine 5% #120 grams. 3. Ketoprofen 20% 120gm; refills: 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective CMPD; Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%. Camphor 1%, 120 gm # 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective ketoprofen 10%, cyclobenzaprine 3%, Capsaicin 0.0375%, menthol 2%, Camphor 1% 120 g #1. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety area they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical ketoprofen is not FDA approved. Topical Cyclobenzaprine is not recommended. Menthol is not recommended. Topical gabapentin is not recommended. Other than Lidoderm patch, no other commercially approved topical formulation of lidocaine with her creams, lotions or gels are indicated for neuropathic pain. In this case, the requesting physician ordered the topical compound containing ketoprofen 10%, cyclobenzaprine 3%, Capsaicin 0.0375%, menthol 2%, Camphor 1%. Any compounded product that contains at least one drug (topical ketoprofen, cyclobenzaprine, menthol, lidocaine in this prep) that is not recommended, is not recommended. Consequently, the topical compound containing ketoprofen 10%, cyclobenzaprine 3%, Capsaicin 0.0375%, menthol 2%, Camphor 1% 120gm retrospective July 30, 2014 is not medically necessary.

**Retrospective CMPD: Gabapentin/Ketoprofen/Lidocaine 7/10/5%, 120 gm: Upheld**

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective gabapentin 7%, ketoprofen 10%, lidocaine 5% 120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety area they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical ketoprofen is not FDA approved. Topical Cyclobenzaprine is not recommended. Menthol is not recommended. Topical gabapentin is not recommended. Other than Lidoderm patch, no other commercially approved topical formulation of lidocaine with her creams, lotions or gels are

indicated for neuropathic pain. In this case, topical ketoprofen is not FDA approved, topical gabapentin is not recommended and topical lidocaine in this preparation is not recommended. Any compounded product that contains at least one drug (topical gabapentin, ketoprofen, and lidocaine) that is not recommended, is not recommended. Consequently the topical compound containing gabapentin 7%, ketoprofen 10%, lidocaine 5% 120 g retrospective date July 30th 2014 is not medically necessary.

**CMPD Ketoprofen 20 % 120 gm with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CMPD Ketoprofen 20 % 120 gm with 1 refill.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ketoprofen 20% #120 g with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety area they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical ketoprofen is not FDA approved. Topical Cyclobenzaprine is not recommended. Other than Lidoderm patch, no other commercially approved topical formulation of lidocaine with her creams, lotions or gels are indicated for neuropathic pain. In this case, topical ketoprofen is not FDA approved. Any compounded product that contains at least one drug (topical ketoprofen is not FDA approved) that is not recommended, is not recommended. Consequently, topical ketoprofen 20%, #120 g with one refill is not medically necessary.