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| <b>Case Number:</b>   | CM14-0125727 |                              |            |
| <b>Date Assigned:</b> | 08/13/2014   | <b>Date of Injury:</b>       | 07/28/2008 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 07/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/08/2014 |

### 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 and Rehabilitation and Pain 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 is a 59-year-old male with a reported date of injury on 07/28/2008. The mechanism of injury was noted to be from a motor vehicle accident. His diagnoses were noted to include reflex sympathetic dystrophy and entrapment neuropathy. His previous treatments were noted to include injection therapy, the HELP interdisciplinary pain program, chiropractic care, and medications. The progress note dated 08/19/2014 revealed the injured worker complained of regional pain with a loss of sensation above the ankle joint and altered sensation up to the knee. The examination was limited by chronic pain on movement and testing of the right lower extremity. The request for authorization form was not submitted within the medical records. The request was for Ketamine 10%/Gabapentin 6%/Flurbiprofen 5%/Orphenadrine 3%/Baclofen 2%/Bupivacaine 2%/Cyclobenzaprine 2% with 1 refill. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10%, Gabapentin 6%, Flurbiprofen 5%, Orphenadrine 3%, Baclofen 2%, Bupivacaine 2%, Cyclobenzaprine 2% with 1 refill: 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): 111-113.

**Decision rationale:** The request for Ketamine 10%/Gabapentin 6%/Flurbiprofen 5%/Orphenadrine 3%/Baclofen 2%/Bupivacaine 2%/Cyclobenzaprine 2% with 1 refill is not medically necessary. The injured worker complains of ankle pain. The California Chronic Pain Medical Treatment Guidelines indicate that state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with the diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines' indications for topical NSAIDs is osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). The guidelines state Gabapentin is not recommended for topical use as there is no peer-reviewed literature to support the use. The guidelines state Ketamine is understudy and only recommended as a treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The guidelines do not recommend Baclofen as a topical analgesic. There is no peer-reviewed literature to support the use of topical Baclofen. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended, and Ketamine, Gabapentin, Flurbiprofen, Baclofen, and Cyclobenzaprine are not recommended for topical analgesia. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.