

<b>Case Number:</b>	CM14-0151239		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Management 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 45-year-old male who reported injury on 05/10/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of post-concussion syndrome. Past medical treatment consists of MRI, EMG and medication therapy. Medications consist of serotonin, multivitamin, Flexeril, and Metoprolol. In 09/2013, the injured worker was hospitalized into a mental institution. On 06/24/2014, the injured worker complained of head pain. Physical examination revealed cranial nerves 2 through 7 were grossly normal with normal eye contact. Posture was normal but neck was rigid. The injured worker was able to move all 4 extremities. The medical treatment plan is for the injured worker to continue the use of topical medication. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 COMPOUND TOPICAL MEDICATION (KETOPROFEN 10%, GABAPENTIN 10%, LIDOCAINE 5%): Upheld**

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

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

**Decision rationale:** The request for compound topical Ketoprofen/Gabapentin/Lidocaine is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. The guidelines note gabapentin is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis, and tendonitis in particular, that of the knee and elbow are other joints that are amenable to topical treatment: Recommended for short term use (4 to 12 weeks). The guidelines also state that Lidoderm patch is the only topical form of Lidocaine approved. As the guidelines do not recommend the use of Lidocaine or gabapentin for topical application, the medication would not be indicated. Additionally, the request as submitted did not indicate a frequency dosage or duration of the medication. It also did not indicate where the application would be applied. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.