

<b>Case Number:</b>	CM14-0172515		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Nephrology 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:

This is a 51-year-old female with a 3/19/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/3/14 noted subjective complaints of cervical and lumbar spine pain. Objective findings included cervical muscle spasms, and lumbar spine facet tenderness. Diagnostic Impression: cervicgia with bilateral radiculopathy, lumbago with bilateral radiculopathy, myofascial syndrome. Treatment to date includes medication management and spinal cord stimulator. A UR decision dated 9/18/14 denied the request for Monarch pain cream: Ketoprofen, 1 tube. Topical Ketoprofen is a non-FDA approved agent for topical application due to extremely high incident of photocontact dermatitis. It also denied the request for Monarch pain cream: Ketoprofen, Lidocaine, and Gabapentin, 1 tube. Topical Lidocaine is recommended for localized peripheral pain after evidence of a trial of first-line therapy, however, topical Gabapentin is not recommended as there is no peer-reviewed literature to support its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monarch pain cream: Ketoprofen, 1 tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the California MTUS guidelines do not recommend the use of Ketoprofen for topical application because it has not been approved by the FDA. Additionally, Ketoprofen is noted to have an extremely high incidence of photocontact dermatitis. Therefore, the request for Monarch pain cream: Ketoprofen, 1 tube is not medically necessary.

**Monarch pain cream: Ketoprofen, Lidocaine, and Gabapentin, 1 tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the California MTUS guidelines do not recommend the use of Ketoprofen for topical application because it has not been approved by the FDA. It also does not recommend Lidocaine in cream form or topical Gabapentin. Any compounded product that contains at least one drug that is not recommended is not recommended. In this formulation all three components are not recommended. Therefore, the request for Monarch pain cream: Ketoprofen, Lidocaine, and Gabapentin, 1 tube is not medically necessary.