

<b>Case Number:</b>	CM14-0182172		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/30/2002
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Emergency 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 patient has a reported date of injury on 8/30/2002. The mechanism of injury is reported as a slip and fall. The patient has a diagnosis of cervical radiculopathy, left shoulder internal derangement, chronic low back pain and lateral epicondylitis. Medical reports reviewed. Last report available was dated 8/4/14. The patient complains of neck, upper back and low back pain and stiffness. The patient also complains of bilateral arm weakness. The patient is using TENS and cervical traction. Objective exam reveals neck tightness and tenderness with trigger points to bilateral trapezius. Neurological exam was not documented. No rationale was documented for topical analgesics, it was only noted that it was "helping". Cervical Spine "imaging" (no documented type or date of test) documented by provider note as showing C5-6 osteophyte with moderate to severe left foraminal narrowing. No official report was provided for review. Medications listed are Vicodin, Celebrex, Valium, Restoril and Lidocaine patches. Independent Medical Review is for "Ketoprofen powder/PCCA Lipoderm base" and "Gabapentin powder/Ketoprofen powder/Lidocaine powder/Lipoderm base" Prior UR on 10/28/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen powder/PCCA Lipoderm base:** Upheld

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

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

**Decision rationale:** As per MTUS guidelines topical creams are considered experimental with poor evidence to support efficacy or use. Ketoprofen is an NSAID. It is not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Another prescription also request Ketoprofen as a component cream leading to risk for toxicity. Therefore, this Ketoprofen compounded product is not medically necessary.

**Gabapentin powder/Ketoprofen powder/Lidocaine HCL powder/PCCA Lipoderm base:**  
Upheld

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

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

**Decision rationale:** The compounded ointment contains Ketoprofen, Lidocaine and Gabapentin. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended."1) Ketoprofen: Not FDA approved for topical applications. Use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. The patient also has another prescription for topical Ketoprofen leading to risk of toxicity.2) Lidocaine: Only recommended for neuropathic pain. No documentation on where this is to be used or diagnosis of neuropathic pain. Not recommended.3) Gabapentin: Gabapentin is an anti-epileptic. As per MTUS guidelines it is not recommended with any evidence to support its use as a topical product. It is not recommended. Since all components of the compound are not medically necessary, the compounded product requested is not medically necessary.