

<b>Case Number:</b>	CM14-0184499		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/09/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

This is a case of 52 year old male with a date of injury of 9/9/2003. He was a forklift driver and while lifting two stacked cardboard boxes weighing about 100 lbs, he injured his low back. He was diagnosed with a low back strain. In a secondary treating physician report by [REDACTED] dated 4/22/2013 the patient was complaining about constant abdominal pain 6/10 and right testicular pain, worse with walking. Also he complained of constant lumbosacral pain 9/10 and difficulty raising up, sitting for prolonged periods and tingling at his tail bone. He ambulates with a cane. Objective findings reveal severe pain with painful range of motion of his lumbosacral spine. He was given Toradol 30 mg intramuscularly on that visit. He was diagnosed with Umbilical hernia with right testicle pain, lumbosacral sprain/strain, and chronic pain and lumbosacral radiculopathy. The treatment plan was to continue his pain medication including Vicodin ES, Relafen, Zanaflex, and Prilosec. It was also recommended he continue with his topical compounds to help reduce the use of oral prescription drugs. The request was made retrospectively for the topical compound Gaba/Keto/Cyclo/Penedem 180 grams, compound cream dated 3/31/2013 and a retrospective request for the dispensing fee associated with that compound also dated 3/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Gaba/Keto/Cyclo/Penedem 180 gm, compound cream, DOS 3/31/13: Upheld**

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

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

**Decision rationale:** Both gabapentin creams and baclofen creams are not recommended per MTUS guidelines. Topical baclofen is currently under Phase III study of baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Topical Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Cyclobenzaprine is more effective than placebo in management of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Also based on MTUS guidelines, if one component of a combination medication or cream is not recommended, then the use of that combination medication or cream is also not recommended. Therefore, based on the evidence in this case, and the review of the MTUS guidelines, the request for Gaba /Keto/Cyclo/Penedem 180 grams, compound cream, date of service 3/31/2013 is not medically necessary.