

<b>Case Number:</b>	CM14-0029294		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/26/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and is licensed to practice in Minnesota. 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 50-year-old male with a reported injury on 03/26/2011. The mechanism of injury was not provided within clinical notes. The clinical note dated 02/10/2014 reported that the injured worker complained of constant pain to the right foot. The physical examination revealed the injured worker's right foot had a flat and a hyperpigmented scar. The injured worker's diagnoses included late effect burn, extreme. The provider requested a compound topical ointment consisting of Diclofenac 10%, Ketoprofen 10%, Gabapentin 10%, and Lidocaine 10% DKGL2 cream. The rationale was to relieve the injured worker's pain. The request for authorization was submitted on 02/21/2014. The injured worker's prior treatments included physical therapy. The date and amount of sessions of physical therapy were not provided within clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 10%, Ketoprofen 10%, Gabapentin 10%, and Lidocaine 10% "DKGL2" cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page(s) 111 Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-112 Page(s): 111-112.

**Decision rationale:** The injured worker complained of constant pain to his right foot. The treating physician's rationale for the topical compound ointment was to treat the injured worker's pain. The California MTUS guidelines recognize Diclofenac and Ketoprofen as a non-steroidal anti-inflammatory drug (NSAID). The California MTUS guidelines for topical NSAIDs state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Also, the treatment on neuropathic pain is not recommended. The California MTUS guidelines do not recommend topical Gabapentin. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines recommend Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of clinical information provided documenting the efficacy of the topical compound cream as evidenced by decreased pain and significant objective functional improvements. Moreover, the requesting provider did not specify the utilization frequency or the location of application of the medication being requested. Furthermore, Gabapentin is not recommended per the guidelines for topical utilization. In addition, no other commercially approved topical formulations of Lidocaine (whether cream, lotions, or gel) are indicated for neuropathic pain. Therefore, the combination of Lidocaine with any other topical medication is not recommended per the guidelines. The guidelines state that any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Therefore, the request is not medically necessary.