

<b>Case Number:</b>	CM14-0032272		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female who reported an injury to her neck and low back. Clinical note dated 07/01/14 indicated the injured worker complaining of neck pain radiating into bilateral upper extremities and low back radiating to bilateral lower extremities rated 8-10/10. Upon exam tenderness was identified at C5 through C7. Tenderness to palpation was identified at bilateral occipitals. Range of motion in the lumbar spine was moderately limited secondary to pain. Sensitivity was decreased in L4-5 dermatome in bilateral lower extremities. The injured worker utilized Gabapentin, Naproxen, Vicodin and Diovan. Agreed medical examination dated 05/22/14 indicated the injured worker complaining of occasional dizziness. The injured worker also reported headaches with photophobia and phonophobia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabaketolido 6%/20%/6.15% 240 gm cream:** 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.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Gabapentin and Ketoprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.