

Case Number:	CM14-0032985		
Date Assigned:	03/19/2014	Date of Injury:	04/21/2005
Decision Date:	05/20/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 New York. 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 is a 36-year-old male who was injured on April 21, 2005, when he fell from a ladder fracturing his right ankle. The patient continued to experience low back pain and right lower extremity pain. Physical examination was notable for right-sided antalgic gait, tenderness over the trochanter, allodynia to the dorsum of the right foot, and motor testing limited by pain. Diagnoses included pain in the lower leg and reflex sympathetic dystrophy of the lower limb. Treatment included operative repair of the ankle fracture, medications, physical therapy, lumbar sympathetic block, and spinal cord stimulator. The patient's pain was inconsistently relieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABACREAM-3 (GABAPENTIN 6%, KETOPROFEN 10%, LIDOCAINE10%), #90, WITH TWO (2) REFILLS: Upheld

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

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

Decision rationale: Gabacream is a topical analgesic containing gabapentin, ketoprofen, and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and

antidepressants have failed. Compounded topical analgesics are commonly prescribed, but there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application and therefore not recommended. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. This medication contains drugs that are not recommended. Therefore, the request is not medically necessary.