

<b>Case Number:</b>	CM14-0037392		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 62 year old female who sustained an injury on 04/10/05 when she fell. The injured worker has been followed for complaints of left shoulder pain. The injured worker is noted to have had a prior 3 level cervical fusion. The injured worker was also being followed for complaints of pain in the right wrist. Prior treatment has included massage therapy as well as physical therapy, multiple trigger point injections, as well as radiofrequency rhizotomy procedures. The injured worker had been followed by pain management and was being provided medications to include Percocet as well as a topical compounded medication containing Ketoprofen, Baclofen, Amitriptyline, Gabapentin, and Lidoderm. The injured worker was seen on 02/11/14 with continuing complaints of neck pain radiating to the left upper extremity in a C5 and C6 distribution. The injured worker also described associated fatigue, headaches, poor sleep, weakness, and sexual dysfunction. Per the report, the injured worker felt that her topical compounded cream was not working as well as it once did. The injured worker's physical examination noted allodynia in the right side of the cervical region from the occiput to the trapezius. No focal neurological deficits were identified. Follow up on 03/11/14 reported persistent complaints of neck pain radiating to the left upper extremity in a C5-6 distribution. The injured worker was unable to tolerate Nortriptyline due to constipation. The injured worker was pending a functional capacity evaluation (FCE). Physical examination reported no substantial changes. Percocet and topical compounded medications were continued at this evaluation. The requested compounded topical medication to include Ketoprofen, Baclofen, Amitriptyline, Gabapentin, Lidocaine, and Lipoderm was denied by utilization review on 02/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase Ketoprofen, Baclofen, Amitrypylin, Gabapentin, Lidoacine, Ethoxy, Lipoder:** 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 request for a compounded medication that contains Ketoprofen, Baclofen, Amitryptline, and Gabapentin is not supported by current evidenced based guidelines. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Ketoprofen, Baclofen, Amitryptline, and Gabapentin which are not approved for transdermal use. The clinical documentation provided noted the lack of continuing efficacy with this topical compounded medication. This was not addressed in further evaluations to support ongoing prescription of this topical medication. Therefore, this request cannot be supported as medically necessary.