

<b>Case Number:</b>	CM14-0056791		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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, Pulmonary Diseases and is licensed to practice in California, Florida, and 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 injured worker is a 63-year-old male who reported an injury on 04/28/2012 due to a hit and run. The injured worker was diagnosed with traumatic brain injury, dental trauma, left shoulder fracture, cervical pain with radiculopathy, low back pain, posttraumatic vision syndrome, and neurocognitive/neurobehavioral issues. The injured worker received Trazodone, Percocet, Rozerem, hydrochlorothiazide, and Norvasc. The injured worker received acute rehabilitation on 05/14/2012 and began conservative care including physical therapy, occupational therapy, and speech therapy. On 05/18/2012, a right shoulder ORIF was performed and cervical surgery was performed at a later date. On 03/04/2013, the injured worker was assessed by the physician who noted subjective complaints of left shoulder pain, neck pain, right shoulder and arm pain, left upper extremity numbness and tingling in the C6-7 distribution. Past treatments have helped but there is still on-going pain and restricted use. There was no further documentation of clinical assessments or follow-up visits posted in this documentation. The physician is requesting a compounded topical cream consisting of gabapentin, ketamine, cyclobenzaprine, and menthol to the bilateral shoulders. The Request for Authorization Form and rationale were not included with this documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Topical Gabapentin 10%/ Ketamine 8%/ Cyclobenzaprine 4%/ Menthol3% cream, to the bilateral shoulders: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for compounded cream: topical gabapentin, ketamine, cyclobenzaprine, and menthol to the bilateral shoulders is not medically necessary. California MTUS Guidelines for topical analgesics does recommend this as an option as indicated below. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The use of gabapentin is not recommended as a topical treatment as there is not peer-reviewed documentation to support its use. Ketamine is still under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. As the requested compound contains Ketamine and gabapentin which are not recommended, the compound is also not recommended. As such, the request is not medically necessary.