

<b>Case Number:</b>	CM14-0065294		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/29/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 59 year old female employee with date of injury of 3/29/2000. A review of the medical records indicate that the patient is undergoing treatment for lumbar radiculopathy, cervicogenic headaches, chronic cervical and lumbar myofascial neuropathic pain. Subjective complaints include lower back and lower extremity pain, (more right than left) with swelling, difficulty standing (1/14/2014); pain ratings at 8/10 with medication on 2/13/2013 and 3/15/2013, 6/10 on 12/17/2013 and 4/10 following epidural injection (4/21/2014). Objective findings include cervical and lumbar tenderness to palpation (3/15/2013). Treatment has included a lumbar epidural steroidal injection on 10/25/12; spinal cord stimulator implanted in 2006 for low back and low extremity pain; L4-5 fusion, bilateral shoulder surgery, history of rotator cuff right carpal tunnel release; two surgeries on right knee; viscosupplementation for the right knee; Lap-Band surgery in 2010. Medications have included Norco 10/325mg 2-3 /day, Cymbalta 60mg 1/day, Prilosec 20mg 2/day, MSIR 15mg, Lidoderm patches and Motrin 800mg. The utilization review dated 4/23/2014 non-certified a request for compound medication Ketoprofen, Gabapentin, Lidocaine, Steril Water Sol, Ethoxy Liq, Dimethyl Sol Pentravan cream plus #240 (30DS) due to lack of compliance with MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MEDICATION KETOPROFEN, GABAPENTIN, LIDOCAINE, STERIL WATER SOL, ETHOXY LIQ, DIMETHYL SOLPENTRAVAN CREAM PLUS#240 (30DS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." - Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." - Gabapentin: MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." - Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. In this case, the request compound cream contains non-recommended components, which makes the entire compound not recommended. As such, the request for compound medication Ketoprofen, Gabapentin, Lidocaine, Steril Water Sol, Ethoxy Liq, Dimethyl Sol Pentravan cream plus #240 (30DS) is not medically necessary.