

<b>Case Number:</b>	CM14-0088054		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/12/1994
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 management 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 male who sustained work-related injuries to his low back as a result of lifting on 12/12/94. The submitted records indicate that the injured worker has undergone multiple surgeries for both neck and back pain. Records indicate that he underwent laminectomies at L4-L5 and L5-S1 in 2000. The injured worker underwent anterior cervical disc fusion from C4-C7 on 06/06/12 and repeat lumbar surgery which appears to have included laminectomies at L3-4, L4-5 and L5-S1 performed on 03/20/14. Post-operatively the injured worker was noted to have significant increasing pain which resulted in a hospitalization. Most recent clinical note is dated 06/10/14. At this time, the injured worker was noted to have constant headaches and constant neck pains graded as 9/10 on the visual analog scale and severe back pain graded as 9/10 with radiation into his lower extremities. Current medications include Tramadol, Naproxen, Zantac, and Oxycodone. The injured worker has not been released to begin physical therapy. On physical examination, the injured worker ambulates with a walker and is very weak, he has a pristine wound, there is no redness, swelling, or drainage. There is diffused tenderness throughout his back, buttocks, and lower extremities. The injured worker is neurologically intact. The record includes a utilization review determination dated 05/28/14 in which a request for compounded medication containing Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375% was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% crea and Ketoprofen 20% Ketamine 10% cream and Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream: 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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, COMPOUNDED MEDICATIONS.

**Decision rationale:** The request for Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375% is not supported as medically necessary. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines, and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal-compounded medication be approved for transdermal use. This compound contains: Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 10%, Cyclobenzaprine 10% which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended, and therefore is not medically necessary.