

Case Number:	CM14-0098359		
Date Assigned:	07/28/2014	Date of Injury:	08/08/2009
Decision Date:	09/11/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 51-year-old female who was injured on August 8, 2009. The patient continued to experience pain in her right knee and low back with radiation into her right lower extremity. The physical examination was notable for cervical spasm and tenderness, antalgic gait, tenderness in the bilateral sciatic notches, right knee crepitus, and mildly decreased motor function of the right leg. The diagnoses included status post right knee surgery, cervical spine spasm, lumbar spine spasm, sciatica, lumbar radiculopathy, and right shoulder impingement syndrome. Treatment included medications and physical therapy. Request for authorization for compound cream (Keto 10%/Gaba10%/Cyclo 2%) was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Compound Cream (Ketro 10%/Gaba 6%/Cyclo2%) 120gm DOS 5/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This compound cream is a topical analgesic containing ketoprofen, gabapentin, and cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and 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." Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. 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. The medication is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of cyclobenzaprine as a topical product. The medication is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.