

<b>Case Number:</b>	CM14-0187602		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	02/18/1999
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Practice 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:

The claimant is a 64 year old male who sustained a work injury on 2/18/99 involving the neck, low back and knees. He was diagnosed with cervical radiculopathy, lumbar discopathy, right carpal tunnel syndrome, right shoulder pain and left knee chondromalacia. A progress note on 9/26/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for a positive head compression test and trigger points in the trapezial region. The claimant was continued on opioids and NSAIDs for pain relief as well as topical Ketoprofen 15%/ Gabapentin 8%/ Diclofenac 5%/ Lidocaine cream 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 15%/ Gabapentin 8%/ Diclofenac 5%/ Lidocaine cream 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compound requested contains topical Gabapentin. Topical Gabapentin is not recommended due to lack of evidence to support its use. Therefore, the requested compounded cream is not medically necessary.