

<b>Case Number:</b>	CM14-0190937		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/19/1999
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date on 4/19/98. The Patient complains of cervical pain radiating into shoulder/scapular regions, lumbar pain with intermittent muscle spasms, and numbness/weakness in the upper extremities per 8/20/14 report. The patient denies radicular symptoms into the lower extremities per 8/20/14 report. The patient states there are no changes in his symptoms, and that his pain/function is doing well with current medication regiment, with pain rated 6/10 per 9/18/14 report. Based on the 8/20/14 progress report provided by the treating physician, the diagnoses are: 1. s/p anterior cervical discectomy and fusion C4-5 and C6-7 in 1995-96. 2. bilateral C6 and C7 cervical radiculopathy on electrodiagnostic studies March 3/2013. 3. L-spine s/s with 5mm right paracentral disc extrusion at L5r-S1 and 3mm disc bulge at L4-5 per MRI Feb 5/2010. 4. active bilateral L5-S1 radiculopathy per electrodiagnostic studies March 3/2010. 5. depression/anxiety secondary to industrial injury. 6. multiple dental complaints. A physical exam on 8/20/14 showed "decreased L-spine range of motion with extension at 15 degrees, and decreased C-spine range of motion with extension at 40 degrees." The patient's treatment history includes medication (opioid, acetaminophen). The treating physician is requesting Ketoprofen 15% Gabapentin 10% Lidocaine 10% #240gm. The utilization review determination being challenged is dated 11/8/14. The requesting physician provided treatment reports from 4/23/14 to 8/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%, #240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topicals Page(s): 111-113, 105.

**Decision rationale:** This patient presents with neck pain, shoulder/scapular pain, and back pain. The physician has asked for Ketoprofen 15% Gabapentin 10% Lidocaine 10% #240GM but the requesting progress report is not included in the provided documentation. Regarding topical analgesics, the MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS does not recommend any muscle relaxant for topical use. In this case, the Gabapentin is not discussed in MTUS for topical formulation. Lidocaine is only allowed in patch formulation per the MTUS. The request is not medically necessary.