

<b>Case Number:</b>	CM14-0191001		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/07/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/07/2014
<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 Family Medicine and is licensed to practice in North Carolina. 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 had a date of injury of 3/7/2010 when he a chair in which he was sitting broke. Diagnoses include lumbago with bilateral radiculopathy, cervical and thoracic disc disease, sacroiliac and facet joint arthropathy and myofascial syndrome. Current treatment includes Neurontin, Oxycodone and Monarch cream. The request is for "prescription drug, generic". The original UR request lists this as Monarch cream which is a combination of topical Lidocaine, Ketoprofen and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription drug, generic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Topical Analgesics Page(s): 74-88; 111-113; 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the

topical preparation is not recommended. Gabapentin in topical form is explicitly not approved in CA MTUS because there is no peer reviewed literature on its use. CA MTUS specifically prohibits the use of agents, which are not FDA approved for topical use. Ketoprofen is not FDA approved for topical application. Therefore, Monarch cream containing lidocaine, ketoprofen and gabapentin is not medically indicated.