

<b>Case Number:</b>	CM14-0193140		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Occupational Medicine 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 35 year old female right-handed Data Input Clerk who injured her neck and her right hand, wrist, arm and shoulder at work on 4 May 2009. The injuries have been attributed to repetitive motion. She was diagnosed as repetitive strain syndrome of right upper extremity, myofascial pain syndrome, cervicgia, cervical sprain and neuropathy. Presently (as of 29 Oct 2014) she complains of right hand pain radiating up the right arm that increases with motion, and she has numbness and tingling in the hands (worse in digits 2-4). She doesn't take medications because she is trying to get pregnant, however, TENS helps control her pain. Exam on that day showed minimal tenderness to palpation of the right hand and forearm with decreased sensation to light touch in the digits of the right hand (#1-4), deep tendon reflexes and examination of the muscles muscle of the right upper extremity were normal. An electromyogram (EMG) and nerve conduction velocity (NCV) study of the right upper extremity (10 Sep 2009) was normal. Right shoulder x-ray (16 Sep 2009) showed mild to moderate acromioclavicular joint arthritis. Urine drug screen in 2010 was negative and in March 2014 was consistent with treatment. She has not had surgery for these injuries. She has been treated with physical therapy (6 visits), acupuncture (6 visits), wrist splint/brace, ergonomic workstation modification, TENS, H-wave system, home exercise program and medication (ibuprofen, methocarbamol, Lodine, gabapentin, Dendracin cream, Lidoderm 5% patch, ketoprofen, Capsaicin cream, Mentherm cream, cyclobenzaprine/ketoprofen/menthol cream, ketoprofen cream, Medipatch, Sentra AM, Sentra PM and Theramine). The provider is now requesting to treat her with Ketoprofen/Gabapentin/Baclofen/Lidocaine/ Cyclobenzaprine/Ultraderm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Gabapentin/Baclofen/Lidocaine/Cyclobenzaprine/Ultraderm cream, # 1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-9, 41-2, 49, 56, 64, 72, 111-13.

**Decision rationale:** Ketoprofen/Gabapentin/Baclofen/Lidocaine/Cyclobenzaprine/Ultraderm Cream is a combination product formulated for topical use. It is made up of ketoprofen (a non-steroidal anti-inflammatory (NSAID) medication), gabapentin (an anticonvulsant), baclofen (an antispasticity agent), lidocaine (an anesthetic), cyclobenzaprine (a muscle relaxant), and Ultraderm (a topical emollient). The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. Baclofen is indicated for oral use to treat muscle spasms caused by multiple sclerosis or spinal cord injuries but the MTUS does not recommend its use as a topical agent. Topical lidocaine is recommended in the MTUS only for treatment of neuropathic pain. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. Ultraderm, as with other emollients, is a substance used to moisten and soften skin; its use is not addressed by the MTUS. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since baclofen and gabapentin are not recommended for topical use, this product is not medically necessary.