

Case Number:	CM14-0200836		
Date Assigned:	12/11/2014	Date of Injury:	05/19/2011
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Arizona and Michigan. 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 injured worker is a 50 year old male with date of injury 5/19/2011. He apparently suffered a stroke while being treated for chronic varicose veins he had developed in the course of his regular duties. He is being treated for neck pain, left shoulder pain, lower back pain and left and right lower extremity pain. His other diagnoses include chronic pain and chronic regional pain syndrome. He is on Norco, Gabapentin, Keppra, Cymbalta, Nexium, Senna, Xanax and Provigil, he had a trial of Terocin but this did not help. He is also getting aquatic therapy, physical therapy and he is under the care of a psychologist. His physical exam dated 10/2/2014 was positive in the cervical spine for hypertonicity, spasm and tenderness of the paravertebral, trapezius, levator scapulae, rhomboid and occipital muscles, he had tenderness of the spinous processes at C4, 5, 6 and 7, and a positive spurlings sign. Shoulder exam on the left was positive for tenderness to palpation over the acromioclavicular joint, positive supraspinatus sign and yergason's test. Low back exam was positive for straight leg raise and tenderness, hypertonicity and paravertebral spasms. Hip, knee, ankle and foot exams were essentially negative. He was not using an assistive device and was able to take his shoes off and on without difficulty but had some difficulty getting on and off the exam table. The request is for a compounded topical treatment consisting of gabapentin 6%, lidocaine 2%, ketoprofen 10% diclofenac 3%, cyclobenzaprine 2%, 180g #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 6%/ Lidocaine 2%/ Ketoprofen 10%/ Diclofenac 3%/ Cyclobenzaprine 2%
180gm #1: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: Topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAID's are recommended, however ketoprofen is not currently FDA approved for a topical application, lidocaine is only recommended as a patch and no other formulations are recommended, there is no evidence for use of muscle relaxers as a topical product, gabapentin is also not recommended. The injured worker is already on a pain regimen and review of his medical records show that he is having substitution of some of his medications being considered in the near future, at this time he cannot be deemed to have failed anticonvulsant and antidepressant therapy, also the compounded topical agent contains more than one drug class that is not recommended and therefore the request for topical compound containing gabapentin 6%, lidocaine 2%, ketoprofen 10% diclofenac 3%, cyclobenzaprine 2%, 180g #1, is not medically necessary.