

<b>Case Number:</b>	CM14-0201412		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 61-year-old male with an 8/27/04 date of injury. The patient was seen on 12/2/14 with complaints of pain of the cervical and lumbar spine associated with numbness and tingling. Exam findings revealed diffuse tenderness and muscle spasm from C4-T1, tenderness to palpation of the lumbar paraspinals and limited range of motion of the cervical spine. The SLR test was positive on the left at 45 degrees and the muscle strength was 5/5 in the lower extremities. The sensation was intact in the lower extremities. The diagnosis is lumbago with lumbar facet joint hypertrophy, lumbar radiculopathy, and multilevel lumbar degenerative disease, cervical and left shoulder sprain/strain. Treatment to date: work restrictions, acupuncture, PT, lumbar epidural steroid injections, chiropractic treatment, and medications. An adverse determination was received on 11/17/14 for a lack of known efficacy and lack of Guidelines support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen, Gabapentin, and Lidocaine (KGL) compounded rub:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, and muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the requested rub contains at least one drug group, which was not supported for topical application due to the Guidelines. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Ketoprofen, Gabapentin, and Lidocaine (KGL) compounded rub was not medically necessary.