

<b>Case Number:</b>	CM14-0203790		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/28/2005
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Acupuncture & Pain 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:

This is a 63 year old female who sustained a work related injury on December 28, 2005. The mechanism of injury was a mechanical fall. Current documentation dated October 22, 2014 notes that the injured worker remained symptomatic with cervical, thoracic and low back pain. The cervical pain radiated into the left arm. She also reported left leg numbness. The injured workers pain level was noted to be a three out of ten on the Visual Analogue Scale with medications. Medications include Percocet, Imitrex and Baclofen. Physical examination of the cervical spine revealed moderate bilateral paraspinous tenderness from cervical four to thoracic one. The left upper extremity showed a slight decrease in strength. Thoracic spine examination showed muscle spasms from thoracic one to thoracic eight. The examination of the lumbar spine revealed bilateral paraspinous tenderness from lumbar one to sacral one and decreased range of motion. Lower extremity examination revealed a negative straight leg raise and tenderness over the left quadratus. The injured workers gait was noted to be slightly antalgic. Previous surgeries include a lumbar four-sacral one level fusion in May of 2009, a lumbar one to lumbar four anterior fusion and posterior fusion of thoracic ten to lumbar four in November of 2011, an anterior cervical fusion of cervical four to cervical seven and a posterior fusion of cervical four to cervical seven in November of 2012. The injured worker also had a right total hip arthroplasty in October of 2010 and a total hysterectomy on September 22, 2014. The treating physician requested a 30 day trial of the compounded medication Ketoprofen, Gabapentin and Lidocaine # 240 gm. Utilization Review evaluated and denied the request on November 7, 2014. Utilization Review denied the request due to MTUS Chronic Pain Medical Treatment Guidelines regarding topical analgesics which states that any compounded product with at least one drug which is not recommended, is not recommended. Keptoprofen is currently not approved for topical application. Lidocaine indications are for localized peripheral pain after there is evidence of a

trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Therefore, the request for the compounded medication Ketoprofen, Gabapentin and Lidocaine # 240 gm is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketoprofen/Gabapentin/Lidocaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)". Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). "Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As none of the agents in this compound are recommended, the request is not medically necessary.