

<b>Case Number:</b>	CM14-0207322		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/25/2006
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 45-year-old old man who sustained a work-related injury on April 25, 2006. Subsequently, the patient developed a chronic neck pain. According to a progress report dated on November 11, 2014, the patient was complaining of ongoing neck pain burning and stabbing pain as well as back pain. MRI of the cervical spine performed on 2014 demonstrated C1-C2 posterior fusion and degenerative disc disease with cervical stenosis. . The patient was diagnosed with lumbar sprain. The provider requested authorization for a topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 6%, Baclofen 2%, Ketamine 5%, Ketoprofen 10% 240 gms times 3:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is a limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Gabapentin 6%, Baclofen 2%, Ketamine 5%, and Ketoprofen 10%. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Gabapentin 6%, Baclofen 2%, Ketamine 5%, Ketoprofen 10% 240 gms times 3 is not medically necessary.