

<b>Case Number:</b>	CM14-0207363		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 59 year old male with an injury date of 09/10/07. Based on the 10/31/14 progress report provided by treating physician, the patient complains of pain to the neck, low back, right shoulder, right wrist, and left knee. Patient is status post cervical spinal fusion (date unspecified), bilateral carpal tunnel release, right shoulder bone spur removal/debridement, arthroscopy of the left knee. Physical examination 10/31/14 revealed well healed cervical surgical scars, tenderness to palpation over the bilateral upper cervical facets, moderate spasm noted in the bilateral trapezius muscles. Well healed surgical scar noted on the right shoulder. Tenderness to palpation over the bilateral lumbar facets and bilateral paravertebral region. Moderate spasm in the bilateral thoracolumbar paravertebral region noted. Abnormal sensation of the left L4, L5, S1 dermatomes and positive straight leg test bilaterally. Slight swelling noted in the left knee. Range of motion was decreased on cervical and lumbar flexion, extension, lateral flexion bilaterally. Range of motion was also decreased in bilateral hips, and upon extension of the knee. The patient is currently prescribed Ms Contin, Klonopin, Cymbalta, Topamax, Senokot, Baclofen, Naprosyn, Ambien, Nexium, Aspirin, HCTZ, Simvastatin, Symbicort, Metformin, and Victoza. Patient is permanently disabled. Per 10/31/14 progress report patient has attended 10 sessions of physical therapy. Diagnosis 10/31/14, 11/14/14- Chronic pain syndrome.- Lumbosacral neuritis.- Lumbosacral disc degeneration.- Spinal stenosis, lumbar.- Obesity.- S/P Left sided carpal tunnel surgery.- S/P Right sided carpal tunnel surgery.- S/P Right shoulder, removal of bone spurs and damaged tissues, tied off muscle and did bone debridement.- S/P Arthroscopic left knee surgery. The utilization review determination being challenged is dated 11/14/14. The rationale is "CA MTUS/ACOEM states topical analgesics are largely experimental

in use with few randomized controlled trials to determine efficacy or safety." Treatment reports were provided from 05/20/14 to 11/14/14.

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

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

**1 container of compound ketamine 10%, gabapentin 10%, and lidocaine 10% grams, refills 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): 111-113.

**Decision rationale:** The patient presents with pain to the neck, low back, right shoulder, right wrist, and left knee. The request is for 1 container of compound ketamine 10%, gabapentin 10%, and lidocaine 10%, refills 3. The patient is status post cervical spinal fusion (date unspecified), bilateral carpal tunnel release, right shoulder bone spur removal/debridement, arthroscopy of the left knee. The patient is currently prescribed Ms Contin, Klonopin, Cymbalta, Topamax, Senokot, Baclofen, Naprosyn, Ambien, Nexium, Aspirin, HCTZ, Simvastatin, Symbicort, Metformin, and Victoza. The patient is permanently disabled. Per 10/31/14 progress report, the patient has attended 10 sessions of physical therapy. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical Ketamine, MTUS page 112 states: "Under study: only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Regarding topical gabapentin, MTUS page 112 states: "Not recommended, there is no peer reviewed literature to support use." Regarding topical lidocaine, MTUS page 112 states "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." While the records provided do indicate that the patient suffers from chronic pain and impairment that could indeed benefit from additional pain control measures, the prescribed compounded topical medications do not meet the MTUS guidelines recommendations in regards to the use of topical analgesics, individually or in combination. Gabapentin is not supported, and lidocaine is only allowed in a patch formulation. Therefore, this request is not medically necessary.