

<b>Case Number:</b>	CM14-0208589		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/19/2002
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 56year old man with a work related injury dated 8/19/2002 resulting in pain and injury of the shoulder, upper extremity and knee. The patient was evaluated by the primary treating physician on 11/13/14. The patient complained of continued pain in bilateral shoulders, wrists and hand and knee pain. Physical exam shoed right shoulder tenderness and instability with a positive Neer's and Hawkin's tests. The plan of treatment included a compounded topical medication containing Ketoprofen 15%, Gabapentin 8%, Diclofenac 5% and Lidocaine 5% and a urine drug screen (toxicology). Under consideration is the medical necessity of the compounded topical analgesic medication and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 15%, Gabapentin 8%, Diclofenac 5%, Lidocaine 5% Cream:** Upheld

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

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

**Decision rationale:** According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is not documented in the medical record if the patient has tried and failed first line treatment for chronic pain including antidepressant and anticonvulsant medications. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The MTUS does not recommend gabapentin as a topical analgesic. Furthermore the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary, therefore the continued use of this topical compounded medication is not medically necessary.

**1 urine analysis:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the patient is taking vicodin and tramadol which are opioid medications. The use of urine toxicology to assess compliance is medically appropriate.