

<b>Case Number:</b>	CM14-0209876		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 New York. 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 claimant is a 50 yo male who sustained an industrial injury on 12/10/2008. The mechanism of injury was repetitive motion with usual job tasks. His diagnoses include lumbar spinal stenosis status post thoracolumbar fusion T6-L1, lumbar radiculopathy, history of cauda equina syndrome without neurogenic bladder, complex chronic pain syndrome, and situational depression due to chronic pain. He continues to complain of low back pain with numbness and tingling of the lower extremities. On physical exam he has an antalgic gait with moderately reduced range of lumbar motion. Straight leg raise sign was positive on the left and there was hypesthesia at the L4 and L5 dermatomes bilaterally. Treatment in addition to surgery has consisted of medical therapy including opiates. The treating provider has requested for KGL cream x 1 Ketoprofen, Gabapentin, and Lidocaine compounded rub and Decision for Annual lab testing - comprehensive metabolic panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KGL cream x 1 Ketoprofen, Gabapentin, and Lidocaine compounded rub:** 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:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case Ketoprofen is not FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. There is lack of scientific evidence to support the use of topical Gabapentin. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**Annual lab testing - comprehensive metabolic panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** There is no documentation provided necessitating the requested follow-up laboratory studies. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The claimant is maintained on topical therapy and takes no oral NSAIDs. There is no specific indication provided for the requested laboratory studies. Medical necessity has not been established. The requested service is not medically necessary.