MAXIMUS Federal Services

| Case Number: | CM14-0210843 | | |
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| Date Assigned: | 01/13/2015 | Date of Injury: | 01/27/2011 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

## 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 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 34 year old male who had his injury on 1/27/11. He was seen by his MD on 11/5/14, and he noted that he was better with acupuncture and that acupuncture and codeine was controlling his symptoms. The patient did not want surgery. The exam showed focal tenderness of L5-S1 at the juncture of the superior iliac crest. Motor strength was normal. The diagnoses were s/p laminectomy, microdissectomy at L5-S1 ,s/p redo laminectomy and minor dissection at right L5-S1.The MD desired to ordered a topical compounded cream in order to decrease the patient's reliance on narcotics. However, the UR rejected authorization.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of compounded cream containing Ketoprofen 10%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic applications are largely experimental and lack randomized controlled trials to

support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended, the entire analgesic cream is not recommended. The FDA does not currently recommend the use of Ketoprofen in a topical application. It has a very high incidence of inducing photosensitivity dermatitis, and the absorption of the drug depends on the base in which it is delivered. Topical treatment can result in blood accumulations and systemic side effects similar to oral injection of the same medication. Patients with renal disease or other systemic diseases should use this medication with caution. The above compounded cream contains Ketoprofen and per the above criteria if one of the agents in the compounded cream is not recommended the whole cream is not recommended. Therefore, this request is not medically necessary.