

<b>Case Number:</b>	CM15-0135140		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 53 year old female with an industrial injury dated 02/17/2001. The injured worker's diagnoses include cervical spine sprain/strain with multi-cervical disc bulges, cervical radiculopathy, bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment at both elbows, failed back syndrome status post lumbar fusion, bilateral L5 and S1 radiculopathy, status post left total knee replacement and history of spinal cord stimulator implant surgery x6 with subsequent infection. Treatment consisted of EMG /Nerve conduction velocity (NCV), prescribed medications, epidural steroid injections and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker presented regarding ongoing pain over the cervical and lumbar spine. The injured worker reported cervical spine pain with radiation down the upper extremities and low back pain with radiation to the buttocks and lower extremities, greater on the right than left. Objective findings revealed tenderness with muscle spasm in the cervical spine and tenderness in the lumbar spine from L3 through S1. The treating physician prescribed for the injured worker to undergo a 30 day trial of a compounded medication that includes Ketoprofen/ Gabapentin/ Lidocaine (KGL) cream #240gm for treatment of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KGL cream #240g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, KGL cream (ketoprofen, gabapentin and lidocaine) #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine sprain strain with multiple disc bulges and left C5 radiculopathy; moderate right and left carpal tunnel syndrome; bilateral ulnar nerve entrapment at both elbows; failed back syndrome status post lumbar fusion L4 to S1 anterior-posterior; bilateral L5 and S1 radiculopathy; history spinal cord stimulator implant surgery times six and subsequent infection; and status post left total knee replacement. The date of injury is February 17, 2001. Request for authorization is June 3, 2015. According to a May 27, 2015 progress note, the injured worker's subjective complaints include cervical pain that radiates to the upper extremities and lumbar pain that radiates to the lower extremities. Current medications include OxyContin. The documentation states the injured worker failed Lyrica and gabapentin. Ketoprofen is not FDA approved for topical use. Gabapentin is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (ketoprofen, gabapentin and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Additionally the anatomical region to be applied is not documented in the record, Consequently, KGL cream (ketoprofen, gabapentin and lidocaine) #240 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, KGL cream (ketoprofen, gabapentin and lidocaine) #240 g is not medically necessary.