

<b>Case Number:</b>	CM15-0136371		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 74 year old female, who sustained an industrial injury on 01-09-2002 secondary to a fall while exiting a school bus while holding a baby seal. On provider visit dated 06-01-2015 the injured worker has reported neck and left arm pain, right hand pain and increased depression and increasing low back pain. Examination revealed limited information. The diagnoses have included discogenic syndrome cervical and lumbar, knee replacement-bilateral and anxiety. Treatment to date has included medications: Flexeril, Anaprox, Cymbalta, Vicodin, Ambien, Soma and Valiums and injections. The provider requested Ketoprofen / Gabapentin / Lidocaine / Capsaicin / Ethyl Day Supply 30 Qty 360 Refills 00 Rx Date 06/04/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS RFA CMPD-Ketoprofen/Gabapentin/Lidocaine/Capsaicin/Ethyl Day Supply 30 Qty 360 Refills 00 Rx Date 06/04/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for neck, low back, left arm, and right hand pain. When seen, symptoms were increasing. Oral medications were causing gastric upset. Physical examination findings included left plantar fascia pain and low back pain with muscle spasms. She had bilateral knee tenderness and swelling. Topical compounded cream was prescribed. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.