

<b>Case Number:</b>	CM15-0161285		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/11/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on June 11, 2015. He reported cumulative trauma injury. The injured worker was diagnosed as having lumbar sprain-strain and possible lumbar discogenic pain. Treatments and evaluations to date have included chiropractic treatments and medication. Currently, the injured worker reports lower back pain. The Treating Physician's report dated July 1, 2015, noted the injured worker in no acute distress with decreased lumbar spine range of motion (ROM) with spasm and tenderness to palpation. The treatment plan was noted to include requests for authorization for physical therapy and a topical cream. The injured worker was noted to be able to return to his usual and customary duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound analgesic cream: Ketoprofen/Gabapentin/Lidocaine 15/10/10% 360gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with low back pain. The request is for Compound analgesic cream: Ketoprofen/Gabapentin/Lidocaine 15/10/10% 360GM. Physical examination to the lumbar spine on 07/01/15 revealed tenderness to palpation with spasms. Range of motion was noted to be limited. Per 07/23/15 progress report, patient's diagnosis includes lumbago. Patient's work status is regular duties. MTUS Guidelines, page 111, Topical Analgesic section has the following: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". The treater has not discussed this request and no RFA was provided either. Review of the medical records provided does not indicate a prior use and it appears that the treater is initiating this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Lidocaine, which are not supported for topical use in cream form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.