

<b>Case Number:</b>	CM15-0181640		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Hawaii  
 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:

This 54 year old female sustained an industrial injury on 2-6-12. Documentation indicated that the injured worker was receiving treatment for pain to multiple body parts including cervical spine, lumbar spine, bilateral shoulders, bilateral wrists and bilateral knees. Previous treatment included left medial meniscus repair (1-11-14), physical therapy, chiropractic therapy, occupational therapy, acupuncture, epidural steroid injections, interferential unit and medications. Electromyography and nerve conduction velocity test of bilateral lower extremities (2-5-15) was normal. In the most recent documentation submitted for review, a PR-2 dated 5-29-15, the injured worker complained of continued total body pain, chronic fatigue and problems sleeping. The injured worker complained of pain to the mid back, low back and bilateral hips. The injured worker also complained of occasional anxiety. The injured worker reported losing her balance and stated that she had to walk with a cane. Physical exam was remarkable for no new joint swelling, normal neurologic exam, no rheumatoid arthritis deformities and trigger points tenderness 12+. The treatment plan included continuing Gabapentin and Cyclobenzaprine topical cream for managing and reducing pain and stiffness associated with fibromyalgia symptoms. On 8-24-15, Utilization Review noncertified a request for KGL compound cream, 350 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KGL compound cream 350gms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the entire body. The current request is for KGL compound cream 350gms. The most current treating physician report provided dated 5/29/15 (20B) states, "Continue gabapentin and cyclobenzaprine topical cream for managing and reducing pain and stiffness associated with FMS." The requesting treating physician report was not found in the documents provided for review. Regarding compounded topical analgesics, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines states the following regarding 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." KGL compound cream is a mixture of Ketoprofen, Gabapentin, and Lidocaine. In this case, the MTUS guidelines do not recommend the use of Lidoderm or Gabapentin in a cream formulation, as outlined on page 112. Furthermore, since Lidoderm and Gabapentin is not recommended, the entire compounded product is not supported. The current request is not medically necessary.