

<b>Case Number:</b>	CM15-0195599		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on 10-26-2010. The injured worker is being treated for left sacroiliitis, chronic pain syndrome, chronic low back pain, status post ALIF L5-S1 (2012) with persistent severe lower extremity pain, severe neuropathic pain lower extremities, depression, bilateral lower extremity radiculopathy and insomnia secondary to pain. Treatment to date has included diagnostics, work restrictions, surgical intervention and medications. Per the Primary Treating Physician's Progress Report dated 9-16-2015, the injured worker reported constant low back pain rated as 8 out of 10 with radiation to the bilateral lower extremities. The quality of her life is limited secondary to pain. Current medications include Norco, Motrin and topical creams which provided her 50% relief from pain and increase in performance of her activities of daily living. Objective findings of the lumbar spine included tenderness to palpation over the left sacroiliac joint. Lumbar range of motion was decreased. Urine drug screen dated 7-01-2015 was consistent with prescribed medications. Work status was temporarily totally disabled. The plan of care included, and authorization was requested on 9-16-2015 for Norco, Voltaren gel, EMG (electromyography), NCV (nerve conduction studies) of the bilateral lower extremities, and topical creams. On 9-29-2015, Utilization Review non-certified the request for EMG-NCV of the bilateral lower extremities, Ketoprofen-ketamine cream and Gabapentin-Cyclobenzaprine-Capsaicin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the bilateral lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Thoracic and Lumbar, Nerve Conduction Studies.

**Decision rationale:** Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case the patient has known radiculopathy with no change in physical examination since at least March 2015. There is no medical indication for nerve conduction studies and they are not recommended. The request is not medically necessary.

**Ketoprofen/Ketamine cream: Upheld**

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

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

**Decision rationale:** This medication is a compounded topical analgesic containing ketoprofen and ketamine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Ketamine is under study. It is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

**Gabapentin/Cyclobenzaprine/Capsaicin cream: Upheld**

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

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

**Decision rationale:** This medication is a compounded topical analgesic containing gabapentin, cyclobenzaprine, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.