

<b>Case Number:</b>	CM15-0206585		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, West Virginia, Pennsylvania  
 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:

This 45 year old woman sustained an industrial injury on 10-2-2012. Diagnoses include cervical spine sprain-strain, lumbar spine sprain-strain superimposed on herniated nucleus pulposus without radiculopathy, anxiety and depression, and insomnia. Treatment has included oral and topical medications and physical therapy. Physician notes dated 9-1-2015 show complaints of worsening neck pain and low back pain. The physical medications include lumbar flexion of 40 degrees, with tenderness to palpation, positive bilateral lying straight leg raises, and normal strength and sensation. Recommendations include lumbar spine MRI, physical therapy, topical creams, Flexeril, Naprosyn, Prilosec, and urine drug screen. Utilization Review denied a request for topical cream with Ketoprofen, Gabapentin, and Tramadol on 9-30-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream of Ketoprofen, Gabapentin, and Tramadol: 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:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical ketoprofen/gabapentin/tramadol is not medically appropriate and necessary.