

<b>Case Number:</b>	CM15-0209428		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/07/2002
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 71-year-old female who sustained an industrial injury on 7-7-2002 and has been treated for neck pain. On 6-12-2015, the injured worker was reporting continued neck pain, headaches, and low back pain. Objective findings included tenderness to palpation in the right cervicothoracic junction and slight sub-occipital tenderness on the left. Documented treatment includes lumbar support; back brace; trigger point injection with two months of relief in the neck and low back and knee; Kenalog-Marcaine injections with "good relief," corticosteroid injections; Norco; and "topical creams." Specific creams or response is not documented. The treating physician's plan of care includes Ketamine lidocaine gabapentin gel cream submitted 8-29-2015 and noted in the records to be part of the treatment plan at least since a prescription date of at least 4-21-2015. On 9-24-2015, a request for Ketamine lidocaine gabapentin gel cream with 3 refills was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine Lidocaine Gabapentin gel cream (#1 with 3 refills) Qty: 4.00: 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:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines, the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.