

<b>Case Number:</b>	CM15-0052339		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female who sustained an industrial injury on 11/5/12. The injured worker reported symptoms in the bilateral upper extremities. The injured worker was diagnosed as having carpal tunnel syndrome, reflex sympathetic dystrophy of other specified site. Treatments to date have included injection, splint, H-wave unit, paraffin treatment, oral pain medication, activity modification, ganglion block. Currently, the injured worker complains of pain in the bilateral upper extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Compounded oint Ketoprofen 10%, Neurontin 6%, Ketamine 6% BID #1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Transdermal Compounded oint Ketoprofen 10%, Neurontin 6%, Ketamine 6% BID #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is no evidence for Gabapentin or any other antiepilepsy drug as a topical product. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This topical ointment contains three components, which are not recommended by the MTUS therefore the request of this transdermal-compounded medication is not medically necessary.