

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0059375 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 10/02/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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:

This 50-year-old man sustained an industrial injury on 10/2/2013 after falling off a ladder that moved. Diagnoses include cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, tendinitis/bursitis of the hips, medial collateral ligament sprain of the left knee, and cruciate ligament sprain of the left knee. Treatment has included oral medications and surgical interventions. Physician notes dated 12/10/20145 show complaints of pain to the cervical spine, thoracic spine, lumbar spine, bilateral hips, and left knee. Recommendations include home exercise program, acupuncture including electro acupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, and diathermy; two topical medications, functional capacity evaluation, and left knee x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 1/21/2015) for Lidocaine 6%/Ketoprofen 10%/Gabapentin 10%/varsapro creambase 180grams with 2 refills: 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 Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing lidocaine, ketoprofen, and gabapentin. 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, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state, "That further research is needed to recommend this treatment for chronic neuropathic pain". In this case, there is no documentation that the patient has failed treatment with first-line therapies. Lidocaine is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be medically necessary.