

<b>Case Number:</b>	CM14-0127566		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 53 year old male patient who sustained a work related injury on 6/8/11. Patient sustained the injury due to cumulative trauma. The patient has had motor vehicle accident. The current diagnoses include lumbar strain, lumbar disc protrusion and left leg radiculopathy. Per the doctor's note dated 8/27/14, patient has complaints of left sided neck pain with numbness and tingling in left upper extremity at 3-4/10. Physical examination revealed tenderness on palpation, muscle spasm, trigger hands, flexion 40 , extension 40, right rotation 6 60, left rotation 60, positive Spurling's sign, 5/5 strength, 2+ reflexes, and normal sensation. The current medication lists include Ibuprofen, Percocet, and Gabapentin. The patient has had MRI of the cervical spine on 6/26/14 that revealed degenerative changes of the cervical spine resulting in mild central canal stenosis at C5-6 and C6-7; cervical spine x-rays that revealed early degenerative changes at C5-6. The patient had received a left C5-C6 epidural steroid injection on September 19, 2013 with 90% improvement of pain into the left arm and leg; a cervical epidural injection on July 23, 2013 with 20% improvement; a left C5-C6 selective nerve root block on December 19, 2013 without any significant benefit. The patient has received an unspecified number of the PT visits and eight visits of acupuncture for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KGL compounded rub, Ketoprofen 15 mg, Gabapentin 10% and Lidocaine 10% 240 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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 Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration....There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis... .....Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).Non-neuropathic pain: Gabapentin: Not recommended. There is no peer-reviewed literature to support use" MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided: Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided.As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use.....Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application" In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Ketoprofen and Gabapentin are not recommended by MTUS.The medication KGL compounded rub, Ketoprofen 15 mg, Gabapentin 10% and Lidocaine 10% 240 grams is not fully established in this patient.