

<b>Case Number:</b>	CM14-0136906		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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:

The patient is a 53-year-old female who was injured on 02/04/2003. The mechanism of injury is unknown. The SOAP note dated 07/21/2014 indicates the patient presented with increased pain in the right hip secondary to increased repetitive motion type injury. She also reported pain in her lower back. She rated her pain as an 8/10 and reported her condition is not well-controlled with the medications. On exam, motor and sensation is intact to light touch. Her neurological exam was within normal limits. She is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, long-term use of medications, degeneration of cervical intervertebral disc. The patient was prescribed topical analgesics. A prior utilization review dated 08/12/2014 states the retrospective requests for gaba/keto/lido compound 120gm and keto/cyclo/caps compound 120gm (DOS: 6/27/14) are denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The retrospective request for gaba/keto/lido compound 120gm (date of service: 6/27/14):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are recommended for short term use, and there are no long-term studies of their effectiveness or safety. In this case, there is no supporting documentation or clear rationale for the use of this compound such as an increase in functionality with the use of medication. This request is not medically necessary.

**The retrospective request for keto/cyclo/caps compound 120gm (date of service: 6/27/14):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are recommended for short term use and there are no long-term studies of their effectiveness or safety. In this case, there is no supporting documentation or clear rationale for the use of this compound such as an increase in functionality with the use of medication. This request is not medically necessary.