

<b>Case Number:</b>	CM14-0163835		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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 patient sustained an injury on 7/8/13 while employed by [REDACTED]. Request(s) under consideration include Topical Compound: Lidocaine 6%, Gabapentin 10%, and Ketoprofen. Diagnoses include Bilateral shoulders adhesive capsulitis/ bursitis/ tendinitis; rotator cuff syndrome; Knee enthesopathy/ medial cartilage or meniscus tear. Report of 8/6/14 from the provider noted ongoing shoulder and knee symptoms with request for topical compound. Report of 9/3/14 from the provider noted the patient with constant chronic severe pain described as sharp and popping in bilateral shoulders aggravated by raising his arms. Exam showed neurological exam in bilateral upper extremities were within normal limits for DTRs (deep tendon reflexes), dermatomes and myotomes; ambulating with crutches from recent knee surgery; tenderness and spasm to upper shoulder muscles; limited range in all planes ; positive Codman's, Speed and Supraspinatus testing. Treatment included HEP (home exercise program), UDS (urine drug screen) and medication refills. The request(s) for Topical Compound: Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180gm with 2 refills was non-certified on 9/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound: Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180 gm with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic such as anti-inflammatory Ketoprofen, anti-epileptic Gabapentin over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of July 2013 without documented functional improvement from treatment already rendered. The Topical Compound: Lidocaine 6%, Gabapentin 10%, and Ketoprofen 10%, 180gm with 2 refills is not medically necessary and appropriate.