

Case Number:	CM14-0021275		
Date Assigned:	05/07/2014	Date of Injury:	04/19/2011
Decision Date:	09/22/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The injured worker is a 49-year-old female who reported an injury on 04/19/2011. The mechanism of injury was not indicated. The injured worker had diagnoses of left shoulder impingement, bilateral carpal tunnel syndrome, discogenic disease of the low back at L4-L5 and L5-S1 and sprain over the origin of the forearm extensors. Prior treatments included physical therapy and cognitive behavioral therapy. Surgical history included a right knee arthroscopic meniscectomy on 07/29/2013. On 01/15/2014 the clinical note documented the injured worker had complaints of left shoulder pain with decreased range of motions, neck pain to her left side with radicular pain to her left wrist and hand, right knee pain, and low back pain with sciatica to her left foot. The findings indicated the injured worker's left shoulder could abduct and forward flex to just shoulder level, foraminal compression to her left shoulder caused no radicular pain down the left arm, pressure to the left arm and the injured worker sensed hand with pressure applied over the neurovascular bundle. The Pronator test caused radicular pain down the injured worker's thumb and index finger; she had a negative Phalen's test, a positive Tinel's test over the volar side of the wrists, and tenderness over the lateral epicondyles. Medications included Motrin and gaboketolido cream. The injured worker's treatment plan included continued use of medications. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: GABE/KETO/LIDO CREAM
(GABAPENTIN/KETOPROFEN/LIDOCAINE) CREAM #120FM: Upheld**

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

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

Decision rationale: The request for compound: GABE/KETO/LIDO cream (gabapentin/ketoprofen/lidocaine) cream #120 FM is not medically necessary. The injured worker had complaints of left shoulder pain, neck pain to her left side with radicular pain to her left wrist and hand, right knee pain and, low back pain with sciatica to her left foot. The California MTUS guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note Ketoprofen is not FDA approved for topical application. Lidocaine is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain; no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin is not recommended for topical application as there is no peer-reviewed literature to support use. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint that is amenable to topical treatment and the guidelines indicate Ketoprofen is not FDA approved for topical application. The guidelines do not recommend Gabapentin and Lidocaine in cream form for topical application. As the guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated, as it contains components which are not recommended. There is no specified site for the application of the medication and the frequency at which the medication is prescribed is not indicated in order to determine the necessity of the medication. As such, the request for compound: GABE/KETO/LIDO cream (gabapentin/ketoprofen/lidocaine) cream #120 FM is not medically necessary.