

<b>Case Number:</b>	CM14-0211038		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/05/2000
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50 years old male patient who sustained an injury on 5/5/2000. He sustained the injury due to fell on his back. The current diagnoses include low back pain with lumbar radiculopathy, lumbar degenerative disc disease, depression and anxiety, insomnia and hypogonadism secondary to opioids. Per the doctor's note dated 12/1/2014, he is status post caudal epidural steroid injection on 11/25/14 with 60 % improvement in symptoms. He had complaints of low back and lower extremity pain. The physical examination revealed antalgic gait, lumbosacral spine- paraspinous tenderness over the lower lumbar region with 1+ muscle spasms, range of motion- flexion 50 and extension 15 degrees, negative straight leg raising test bilaterally, 3/5 strength in left and 2/5 strength in right extensor hallucis longus, hypesthesia in L5 dermatome. The medications list includes norco, lunesta, wellbutrin, gabapentin, omeprazole, ibuprofen, carisoprodol, fortesta and topical compound analgesic cream. He has undergone L5-S1 fusion with L4-5 disc replacement and L4-5 fusion on 7/28/2010, bilateral L4-L5 facet rhizotomy on 3/23/2009 and left thoracotomy secondary to benign infectious lung mass on 4/29/2013; spinal cord stimulator trial on 3/21/13; caudal epidural steroid injection on 11/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen, Gabapentin, Lidocaine (KGL) compounded rub: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** Ketoprofen is a non-steroidal anti-inflammatory drug (NSAID) and gabapentin is an anti-convulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,...). (Argoff, 2006) 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... Topical NSAIDs- 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... 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: Not recommended...Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis... 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. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and ketoprofen are not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Ketoprofen, Gabapentin, Lidocaine (KGL) compounded rub is not fully established for this patient.