MAXIMUS Federal Services

| Case Number: | CM14-0211909 | | |
|---|---|---|---|
| Date Assigned: | 12/24/2014 | Date of Injury: | 02/10/2013 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

## 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 23 year old male with an injury date of 02/10/13. Based on the 09/03/14 progress report, the patient complains of insomnia and low back pain which radiates into the left buttock and left posterior thigh. He has persistent numbness/tingling. The 11/05/14 report indicates that the patient rates his pain as a 4/10 with medications and a 6/10 without medications. He has a slightly antalgic gait, bilateral lumbar paraspinous tenderness L3 through S1, and 1+ palpable muscle spasms. The patient's diagnoses include the following:Lumbar spine sprain/strain with L3-L4 3 mm disc bulge, L4-L5 3-4 mm disc bulge, and L5-S1 3-4 mm disc bulge with compromise of exiting nerve roots bilaterally per MRI of 04/11/13Left lower extremity radiculopathy The utilization review determination being challenged is dated 11/19/14. There are three treatment reports provided from 09/03/14, 11/05/14, and 12/04/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009

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

**Decision rationale:** The patient presents with insomnia and low back pain which radiates into the left buttock and left posterior thigh. The request is for Ketoprofen, Gabapentin, and Lidocaine (KGL) compounded rub. The report with the request is not provided. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Per MTUS, gabapentin is not recommended in any topical formulation. MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The patient has a slightly antalgic gait, bilateral lumbar paraspinous tenderness L3 through S1, and 1+ palpable muscle spasms. In this case, the treating physician would like to prescribe ketoprofen, gabapentin, lidocaine for treatment of neuropathic pain. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. Neither Gabapentin, Ketoprofen, nor Lidocaine (non-patch form) are indicated for use as a topical formulation. Therefore, the requested Ketoprofen, Gabapentin, And Lidocaine compounded rub is not medically necessary.