

<b>Case Number:</b>	CM15-0004405		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Emergency Medicine

### 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 51 year old male was injured 12/20/11 resulting in pain and stiffness in the left upper back and shoulder blade area with radiation into upper arm, elbow and wrist. Currently the injured worker complains of constant moderate pain of the cervical and constant severe pain that was sharp, throbbing and achy in the left shoulder. He also experiences difficulty sleeping. His activities of daily living are compromised per functional capacity evaluation (8/13/14). Medications included Tylenol (over the counter) and topical cream (Lidocaine6%, Gabapentin 10%, Tramadol 10%. Treatments include medications, physical therapy, cortisone injections, acupuncture and pain management. Diagnoses include cervical disc herniation with myelopathy; bursitis and tendinitis of the left shoulder; partial tear of rotator cuff tendon; sleep disorder and gastritis. There was some functional improvement documented. Diagnostic studies included MRI cervical spine; left shoulder diagnostic arthroscopy; radiographs of the cervical spine, right and left shoulder, right and left elbows, right and left wrists. There was a retrospective request for compound topical cream dispensed on 11/3/14. On 12/12/14 Utilization Review non-certified the request for compounded cream (Gabapentin, Ketoprofen, Lidocaine noting gabapentin and ketoprofen are both oral medications which have no food and drug administration approval for topical use, nor proven benefit in that regard. In addition there is no indication why the injured worker cannot take these medications orally. MTUS: Topical Creams was referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Compound Topical Cream (Gaba/Keto/Lido dispensed on 11/3/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

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

**Decision rationale:** The requested Retrospective Compound Topical Cream (Gaba/Keto/Lido dispensed on 11/3/14) is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has constant moderate pain of the cervical and constant severe pain that was sharp, throbbing and achy in the left shoulder. The treating physician has not documented trials of antidepressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective Compound Topical Cream (Gaba/Keto/Lido dispensed on 11/3/14) is not medically necessary.