

<b>Case Number:</b>	CM15-0013943		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 21 year old with an industrial injury dated 08/29/2014. The mechanism of injury is documented as driving a forklift when he accidentally collided with a pole and injured his back. His body jerked abruptly causing his back to impact the guard rail. He felt immediate pain in his back that increased over the next hours. Initially he had x-rays and MRI of the lumbar spine that showed no damage. He received an injection to his back and was prescribed Tylenol and a muscle relaxant. Other treatments included 8 sessions of physical medicine and work restrictions. Physical exam revealed spasm and tenderness in the thoracic spine from thoracic 8 to thoracic 12. Lumbar spine was also positive for spasm and tenderness from lumbar 1 to sacral 1. Diagnoses included: Lumbar Disc Displacement without Myelopathy and Thoracic Disc Displacement without Myelopathy. On 01/06/2015 utilization review issued a decision of non-certification for the request for Transdermal Compound Lidocaine 6%, Gabapentin 10%, and Ketoprofen 10% # 180 gram times 2 refills. MTUS Guidelines were cited. The request for Flurbiprofen 15%, Cyclobenzaprine 2 %, Baclofen 2 %, Lidocaine 5 % # 180 grams times 2 refills was also non-certified. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal compd lidocaine 6%, gabapentin 10%, ketoprofen 10% 180gms with 2 refills:**  
Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of Gaba/Keto/Lido cream (Gabapentin, Ketoprofen, Lidocaine). Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of lidocaine 6%, gabapentin 10%, ketoprofen 10% 180gms with 2 refills is not medically necessary.

**Flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5% 180 gms with 2 refills:**  
Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5% 180 gms with 2 refills is not medically necessary.