

<b>Case Number:</b>	CM15-0115750		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Preventive Medicine, Occupational 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 (n) 72 year old male, who sustained an industrial injury on 8/11/06. He reported pain in his neck, lower back and upper extremities. The injured worker was diagnosed as having status post cervical spinal fusion at C3-C4, status post C6-C7 foraminal decompression surgery, status post C3-C7 cervical discectomy and fusion and right upper extremity radicular pain. Treatment to date has included a home exercise program, Neurontin and Norco. As of the PR2 dated 4/21/15, the injured worker reports 5/10 headache pain and 6/10 pain in his neck and lower back. He also indicated having anxiety, depression and insomnia. Objective findings include decreased cervical range of motion, a positive Spurling's test bilaterally and diminished deep tendon reflexes. The treating physician requested Gabapentin bulk powder 12 grams, Cyclobenzaprine HCL powder 12 grams, Capsaicin powder .045 mgrams, Ethoxy diglycol liquid 6ml Pentravan plus cream base 90 grams #120 grams, Ketamine HCL powder 12 grams, Ketoprofen powder 24 grams, Ethoxy Diglycol liquid 6 ml, Pentravan plus cream base 78 grams #120 grams and Flurbiprofen powder 24 grams, Ethoxy digicol liquid 6ml. Pentravan plus cream base 90 grams #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin bulk powder 12 grams, Cyclobenzaprine HCL powder 12 grams, Capsaicin powder .045 mgrams, Ethoxy diglycol liquid 6ml Pentravgan plus cream base 90 grams apply to the affected areas 2-3 times a day Dispensed 1 x 120 grams (4/24/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical.

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

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There are no studies of a 0.0375% formulation, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Gabapentin bulk powder 12 grams, Cyclobenzaprine HCL powder 12 grams, Capsaicin powder .045 mgrams, Ethoxy diglycol liquid 6ml Pentravgan plus cream base 90 grams apply to the affected areas 2-3 times a day Dispensed 1 x 120 grams (4/24/15) is determined to not be medically necessary.

**Ketamine HCL powder 12 grams, Ketoprofen powder 24 grams, Ethoxy Diglycol liquid 6 ml, Pentravan plus cream base 78 grams. apply to affected areas 2-3 times a day dispensed 1 x 120 (4/24/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical.

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

**Decision rationale:** Topical ketoprofen is not FDA approved, and not recommended by the MTUS Guidelines. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Ketamine HCL powder 12 grams, Ketoprofen powder 24 grams, Ethoxy Diglycol liquid 6 ml, Pentravan plus cream base 78 grams. Apply to affected areas 2-3 times a day dispensed 1 x 120 (4/24/15) is determined to not be medically necessary.

**Flurbiprofen powder 24 grams, Ethoxy digicol liquid 6ml. Pentravan plus cream base 90 grams. apply to affected areas 2-3 times a day dispensed 1x 120 grams (4/24/15):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Topical NSAIDs Section Page(s): 67-73, 111-114.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The request for Flurbiprofen powder 24 grams, Ethoxy digicol liquid 6ml. Pentravan plus cream base 90 grams. apply to affected areas 2-3 times a day dispensed 1x 120 grams (4/24/15) is determined to not be medically necessary.