

<b>Case Number:</b>	CM15-0115991		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 64 year old female who sustained an industrial injury on March 16, 2009 while working in a central business office. The injury occurred while the injured worker was typing. The injured worker experienced sharp pain and tingling in her bilateral wrists, arms and elbows. The diagnoses have included cervical discogenic syndrome, carpal tunnel syndrome, lumbar discogenic syndrome, shoulder pain, urinary incontinence and gastritis. Treatment to date has included medications, radiological studies, computed tomography scan, MRI, epidural blocks, electrodiagnostic studies, bilateral carpal tunnel release, cervical fusion and a lumbar laminectomy. Current documentation dated May 6, 2015 notes that the injured worker reported continued neck pain with radiation into the arms and hands and low back pain with radiation to the bilateral lower extremities. Examination of the cervical and lumbar spine revealed tenderness and a decreased and painful range of motion. Examination of the right hand revealed decreased grip strength. The injured worker was noted to ambulate with a limp favoring the right leg. The treating physician recommended topical creams for the localized pain in the shoulder and low back. The treating physician's plan of care included a request for the compounded medication: Ketamine 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, Capsaicin 0.0375% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Ketamine 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, Capsaicin 0.0375% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin, topical analgesics Page(s): 28-29, 111-113.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Any compounded product that contains at least one drug that is not recommended is not recommended. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment had been exhausted. In this case, the documentation does not indicate that such treatment has been exhausted. MTUS guidelines recommend topical nonsteroidal anti-inflammatory agents (NSAIDS) such as Diclofenac for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. The physician has documented that the prescribed topical cream is for use for the low back and shoulder. Regarding Gabapentin, there is no peer-reviewed literature to supports its use. MTUS also states that any topical agent with lidocaine is not recommended if it is not Lidoderm. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. There have been 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. In addition, there is lack of clinical evidence in this case that the injured worker failed a trial of anti-depressant medications and anticonvulsant therapy. Therefore, the request for the compounded medication: Ketamine 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, Capsaicin 0.0375% cream is not medically necessary.