

<b>Case Number:</b>	CM15-0124767		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 York

Certification(s)/Specialty: Pediatrics, 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 52-year-old female, who sustained an industrial injury on January 19, 2011 while working as a submissions clerk. The injured worker did repetitive work as part of her usual and customary duties. The injured worker developed headaches and pain in her neck and upper extremities. The diagnoses have included fibromyalgia, brachial neuritis/radiculitis, bilateral carpal tunnel syndrome, cephalgia, depressive disorder and status post multilevel cervical fusion with residual neck pain and bilateral upper extremity radiculopathy. Treatment and evaluation to date has included medications, radiological studies, MRI, electro diagnostic studies, braces, psychological assessment, acupuncture treatments, physical therapy, injections, left carpal tunnel release surgery, De Quervain's surgery and cervical spine fusions times two. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 8, 2015 notes that the injured worker reported that her condition continued to worsen. The injured worker noted increased burning neck pain with radiation to the shoulders. The injured worker also noted extreme pain in both hands and arms with swelling and pain in both elbows. Examination revealed tenderness and pain of the cervical spine, bilateral shoulders and bilateral upper extremities. Range of motion was noted to be limited. The treating physician's plan of care included a request for the compound cream: Ketoprofen, Gabapentin and Lidocaine bases 240 grams, 20-day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound drugs Ketoprofen, Gabapentin, Lidocaine bases 240gms 20 days supply:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (NSAIDs, Gabapentin, and Lidocaine).

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

**Decision rationale:** The California 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. The MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. Keptoprofen is currently not FDA approved for topical application. Regarding Gabapentin, there is no peer-reviewed literature to supports its use. There is no evidence for the use of any anti-epilepsy drug as a topical product. The MTUS also states that any topical agent with lidocaine is not recommended if it is not in the form of a Lidoderm patch. Formulations that do not involve a dermal-patch system are not generally recommended. Therefore the request for the compounded cream: Ketoprofen, Gabapentin and Lidocaine are not medically necessary.