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| <b>Case Number:</b>   | CM15-0175646 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 11/10/2014 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2015 |

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male sustained an industrial injury on 11-10-14. Documentation indicated that the injured worker was receiving treatment for traumatic injury to right posterior thigh with skin graft and rule out sympathetically maintained pain syndrome of right lower extremity. Previous treatment included surgery with skin grafting and repair of soft tissue, twelve sessions of postoperative physical therapy and medications. In a PR-2 dated 7-29-15, the injured worker complained of "marked" pain in the posterior thigh with weakness in his ability to stand, walk or sit. The injured worker did not feel capable of returning to his usual and customary occupation. The physician noted that recent magnetic resonance imaging of the right thigh was unremarkable. Physical exam was remarkable for right thigh with a large posterior defect in the distal 3rd of the posterior thigh with a lateral skin graft. There was a large indentation at the level of the biceps tendon and insertion into the medial side of the knee with diffuse tenderness to palpation, diffuse hypoesthesia around the skin graft and no evidence of infection. The physician recommended additional physical therapy three times a week for four weeks, extracorporeal shockwave therapy, a trial of compound cream (Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2%) and a prescription for Norco. On 8-21-15, Utilization Review noncertified a request for compound topical cream: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical cream: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with pain affecting the posterior thigh. The current request is for Compound topical cream: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, and Hyaluronic acid 2%. The treating physician report dated 7/29/15 (48B) states, "Consistent with Guidelines including MTUS, ODG, and ACOEM, this patient is an excellent candidate for topical analgesic." Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.