

<b>Case Number:</b>	CM15-0177756		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/14/1987
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of September 14, 1987. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced an August 10, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On April 6, 2015, the applicant reported ongoing lower extremity pain complaints reportedly imputed to complex regional pain syndrome (CRPS). The claims administrator's medication list included diltiazem, Flexeril, a topical compounded cream, Tylenol, ThermaCare heat wraps, Flector patches, Pepcid, and dietary supplements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10 Percent, Ketoprofen 10 Percent, Ketamine 10 Percent, Lidocaine 5 Percent Apply 1-2 Grams #240 Grams: 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:** No, the topical compounded gabapentin-ketoprofen-ketamine-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, i.e., the secondary ingredient in the compound, is not currently FDA approved for topical application purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines likewise notes that gabapentin, i.e., the primary ingredient in the compound, is likewise not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of first-line oral pharmaceuticals such as Tylenol, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.