

<b>Case Number:</b>	CM15-0023595		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/30/2008
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female, who sustained an industrial injury on 1/30/2008. Details regarding the initial injury were not submitted for this review. The diagnoses have included cervical strain/sprain whiplash injury, cervical disc disease with stenosis, bilateral carpal tunnel syndrome, . Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxant, analgesics, and epidural steroid injections. Currently, the Injured Worker complains of back and neck pain associated with radiation to bilateral upper extremities, headaches rated 7/10 VAS. Physical examination from 12/10/14 documented positive Tinnel's across bilateral wrists and elbows; positive Spurling's maneuver bilaterally, pain with valsalva and pain with rotational extension. Neck exam was significant for pain, positive foraminal compression testing with signs of worsening. The plan of care included medications for one month, urine drug screen and request for spinal surgeon consultation. On 1/23/2015 Utilization Review non-certified compound cream medication - Gabapentin/ Ketoprofen/ Lidocaine 7/10/5%. The MTUS Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of compound cream medication Gabapentin /Ketoprofen/Lidocaine 7/10/5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream medication -Gabapentin/Ketoprofen/Lidocabe 7/10/5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for Ketoprofen/ Gabapentin/Lidocaine cream is not medically necessary.