

Case Number:	CM15-0025960		
Date Assigned:	02/18/2015	Date of Injury:	01/16/2007
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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:

This 68 year old male sustained a work related injury on 01/16/2007. According to a progress report dated 01/19/2015, Lidoderm patches and gabapentin, lidocaine and ketoprofen cream were giving the injured worker tremendous relief. He could not take oral medication because of his Crohn's disease and the cream allowed him to have some benefit from a transdermal approach. The provider's noted impression included severe right shoulder disruption status post right hemiarthroplasty, left shoulder disruption status post two procedures; one for repair of rotator cuff tear and second for acromial impingement and neck pain that was seen by a neurosurgeon who did not think that the injured worker had a cervical component to his disease. The injured worker was retired and disabled. On 02/04/2015, Utilization Review non-certified Gabapentin/ Ketoprofen/Lidocaine 7/10/15% in UL 30 grams and 120 grams. According to the Utilization Review physician, a single nonsteroidal anti-inflammatory topical medication may be appropriate given his Crohn's disease and absent kidney, but there was no documentation as to why a compounded medication was necessary. Guidelines referenced included CA MTUS ACOEM Practice Guidelines page 49, table 3 and CA MTUS Chronic Pain Medical Treatment Guidelines page 111. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/ Ketoprofen/ Lidocaine 7/10/15% in UL 30gms and 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing gabapentin, ketoprofen, and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. It is not recommended. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The patient's pain is not localized. Lidocaine is not recommended. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.