

<b>Case Number:</b>	CM15-0071181		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 69 year old male injured worker suffered an industrial injury on 09/08/2009. The diagnoses included lumbar radiculopathy, herniated disc, degenerative disc disease and spondylosis. The injured worker had been treated with physical therapy and medications. On 3/25/2015 the treating provider reported constant low back pain rated at 10/10 that radiated to both legs. There was tenderness in the shoulders and lumbar spine with reduced range of motion. The straight leg raise was positive. The treatment plan included Ketoprofen 10%, Lidocaine 5%, Gabapentin 6%, Amitriptyline 2% - compound cream, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10%, Lidocaine 5%, Gabapentin 6%, Amitriptyline 2% - compound cream, apply 1-2 pumps 1-2 gms to affected area 304 times daily #240 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Gabapentin are not recommended due to lack of evidence. In addition, the claimant required topical opioids and muscle relaxants for pain management without indication of reduction. Since the compound above contains these topical Gabapentin, the Ketoprofen 10%, Lidocaine 5%, Gabapentin 6%, Amitriptyline 2% - compound cream is not medically necessary.

**Lyrice 100mg 1 cap once a day at bedtime #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrice Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrice is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrice along with other analgesics for several months. There is no indication for continued use and the Lyrice is not medically necessary.