

<b>Case Number:</b>	CM15-0091369		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old man sustained an industrial injury on 9/29/2011. The mechanism of injury is not detailed. Diagnoses include rule out lumbar disc injury, rule out extremity compression neuropathy, rule out right shoulder impingement /rotator cuff neuropathy, and rule out cervical disc injury. Treatment has included oral medications. Physician notes dated 4/3/2015 show complaints of low back pain rated 7/10, right shoulder pain rated 7/10, and cervical spine pain rated 6/10. Recommendations include new lumbosacral orthotic, TENS unit, Tramadol, lumbar spine MRI, bilateral upper extremity electromyogram/nerve conduction study, and topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication - Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 0.2%, 300 grams, apply 3 grams 3-4 times daily to area of neuropathic pain, with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in September 2011 and continues to be treated for neck, low back, and shoulder pain. When seen, pain was rated at 6-7/10. When seen, there was cervical and lumbar spine tenderness with decreased range of motion. There was decreased upper extremity and lower extremity sensation and right wrist strength. Straight leg raising was positive bilaterally. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.