

<b>Case Number:</b>	CM13-0003190		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/11/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured on 07/11/99. Topical cream is under review. He was evaluated on 03/25/13. He was last seen on 09/28/12 and had low back pain with recurrent sciatica to the right thigh. He had a list to the left with sciatica and scoliosis. There was also tenderness. Diagnosis was degenerative disc disease at L3-4 and L4-5 with right sciatica. He was to continue his lumbosacral corset and was given medications including topical ointment, Motrin, and Robaxin. Acupuncture was ordered. He was permanent and stationary. He was also using the same cream and Robaxin on 04/23/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto 10% / Lido 10% / Gaba 6%:** 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): 143.

**Decision rationale:** The MTUS page 143 states "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of his oral medications and there is no evidence of intolerance or lack of effectiveness. Ketoprofen is not FDA-approved due to potentially serious side effects and gabapentin is not recommended for topical use. Lidocaine is only recommended by the MTUS in the form of Lidoderm patches. In this case, there is no documentation of measurable objective or functional benefit from the use of this type of compound medication. The medical necessity of this request for Keto 10% / Lido 10% /Gaba 6%, quantity unknown, has not been clearly demonstrated. Therefore, the request is not medically necessary.