

<b>Case Number:</b>	CM13-0009890		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	04/26/2008
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 53-year-old female who reported an injury on 04/26/2008. The mechanism of injury was stated to be the patient struck her left knee on a TV stand. The patient was noted to be status post left knee surgery times 2, one in 2008 and one in 2009. The patient was noted to have knee popping and numbness in the morning with difficulties moving around. The patient was noted to have weakness and pain in the knees left worse than right. Objectively, the patient was noted to have tenderness and pain. The diagnoses were noted to include status post left knee surgery with development of compensatory right knee pain, lumbosacral sprain/strain with myofasciitis of the back and internal sleep deconditioning. The request was made for medication refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Ketoprofen 15%, Gabapentin 10% & Lidocaine 10% 3 x per day, #120:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Ketoprofen, Lidocaine, Gabapentin Page(s): 111-113.

**Decision rationale:** California MTUS indicates "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. .Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Lidocaine. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for compounded ketoprofen 15%, gabapentin 10%, and Lidocaine 10% three times per day is not medically necessary.