

<b>Case Number:</b>	CM13-0011787		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	11/15/2005
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Physical Medicine and Rehabilitation, 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 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 56-year-old male who reported an injury on 11/15/2005. The patient's primary diagnosis has been noted as a right knee status post ACL reconstruction and partial tear of the ACL graft. The patient also has an aggravation of a pre-existing lumbar condition from gait changes secondary to his right knee condition, has also been diagnosed with hypogonadism secondary to chronic opioid use, and has a left foot open wound secondary to his antalgic gait. His right shoulder pain is status post multiple falls secondary to his right knee instability, and he also has opioid-induced constipation. The patient has been seen several times throughout the past few years, mainly due to his chronic right knee problem. The patient has been utilizing a knee brace, as well as oral medications to help relieve his pain. According to the documentation dated 09/17/2013, the patient's lumbar spine range of motion was noted as flexion at 80 degrees, extension is 10 degrees, right lateral flexion is 20 degrees, and left lateral flexion is 20 degrees. The patient is currently using the medications Opana ER 30 mg, Percocet 10/325 mg, Fortesta, Miralax, and Laxacin. The physician is now requesting ketoprofen/gabapentin/lidocaine compound and a range of motion measurement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Gabapentin/Lidocaine Compound:** 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): 111.

**Decision rationale:** According to the California MTUS Guidelines, ketoprofen is a non FDA-approved agent for topical application. This is due to its extremely high incidence of photo contact dermatitis. Furthermore, the ingredient gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Therefore, although the patient has chronic knee and shoulder pain and may benefit from other topical analgesics, due to the non-recommendation of ingredients Ketoprofen and Gabapentin by CA MTUS, the request is non-certified.

**ROM measurements:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**Decision rationale:** Checking a patient's range of motion is part of a normal physical examination. Under the California MTUS Guidelines, there is no set standard to support the extraneous request for a range of motion measurement by itself. Under Official Disability Guidelines, office visits are recommended as determined to be medically necessary in order to evaluate a patient's condition. It further states that as patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. If the patient is having issues with his current knee brace and/or is having significant changes in his pathology, an office visit may be warranted whereupon the physician could do a ROM measurement. However, at this time, the medical necessity for a range of motion measurement is unclear and not covered by the guidelines. As such, the requested service is non-certified.