

Case Number:	CM13-0023188		
Date Assigned:	12/11/2013	Date of Injury:	11/19/2012
Decision Date:	06/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/12/2013

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 patient is an employee of the [REDACTED] and has submitted a claim for traumatic arthritis of the right knee associated with an industrial injury sustained on November 19, 2012. Treatment to date has included NSAIDs, topical analgesics (Gabaketo L), and physical therapy. Medical records from 2013 were reviewed. The patient complained of persistent 8/10 right knee and ankle pain aggravated by prolonged walking, standing, bending, or squatting type activities. Physical examination showed an altered gait, moderate tenderness of the knee structure, positive McMurray's, decreased range of motion on the right ankle, and positive Talar Tilt's and Thompson's Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETO L 6% 20% /6 15% TRANSDERM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Gaba-Keto L is a topical medication containing gabapentin 6%, ketoprofen 10%, and lidocaine 5%. As stated on pages 111-113 of the California MTUS Chronic Pain

Medical Treatment Guidelines, any compounded products that contain at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety of efficacy. The California MTUS does not support the use of both ketoprofen and gabapentin for topical use, and does not recommend the use of Lidocaine as topical formulation unless it is in patch form. Since all three components of the medication are not recommended, the compound cannot be recommended. There is not discussion of the need for deviating from the guidelines. As such, the request is not medically necessary.