

<b>Case Number:</b>	CM14-0009840		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 a 53-year-old male with a 8/13/2012 date of injury. The mechanism of injury was not documented. On 9/24/13, the patient complained of back pain which radiated down his right leg with numbness and tingling, as well as right knee and ankle pain. He has been going to pool therapy twice a week which helps him with function and mobility. Objective exam shows a slightly guarded gait, L5-S1 sensory deficit on the right, and decreased lumbar ROM. Right knee MRI dated 9/27/13 by [REDACTED] showed joint effusion, type II Wlberg patella, chondromalacia patellae, and extrameniscal cyst. Undated lumbar MRI showed L4-5 disc herniation and L4-5 disc herniation with bilateral nerve root impingement. Diagnostic Impression: lumbar degenerative disc disease, degenerative joint disease, sciatica, and right medial meniscus tear. Treatment to date: medication management and physical therapy. A UR decision dated 1/20/14 denied the request for tramadol cream, ketoprofen cream, and gabapentin cream. The patient states that these topical agents helped him "some what". With regards to the request for tramadol cream, guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. With regards to the ketoprofen cream, guidelines state that it is not currently FDA approved for a topical application due to an extremely high incidence of photo-contact dermatitis. With regards to the gabapentin cream guidelines do not generally support it for topical use due to a lack of supporting peer reviewed literature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TUBE TRAMADOL 30 GRAMS BETWEEN 1/16/2014 AND 2/15/2014: 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 Page(s): 25,28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical tramadol. There is no specific rationale provided as to why this patient needs this medication despite lack of guideline support. Therefore, the request for 1 Tube of Tramadol 30 grams between 1/16/2014 and 2/15/2014 was not medically necessary.

**1 TUBE KETOPROFEN 30 GRAMS BETWEEN 1/16/2014 AND 3/2/2014: 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 Page(s): 25, 28 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why this patient needs this medication despite lack of guideline support. Therefore, the request for 1 tube of ketoprofen 30 grams between 1/16/2014 and 3/2/2014 was not medically necessary.

**1 TUBE GABAPENTIN 30 GRAMS BETWEEN 1/16/2014 AND 3/2/2014: 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 Page(s): 25,28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and

other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why this medication would be indicated despite lack of guideline support. Therefore, the request for 1 tube gabapentin 30 grams between 1/16/2014 and 3/2/2014 was not medically necessary.