

<b>Case Number:</b>	CM14-0100728		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 injured worker is a female with date of injury of 1/10/2012. Per the primary treating physician's progress report dated 5/6/2014, the injured worker complains of continued painful step off in left ankle. She has swelling and is wearing support. She ambulates a city block and then pain increases to 6/10. On examination she exhibits difficulty with standing and sitting. Her gait is antalgic and she moves about with stiffness. There is left foot tenderness laterally and at calcaneus. There is echymosis/edema present at left foot medially and laterally. She cannot toe walk on the left because of pain. Left ankle range of motion is reduced. There is a medial ankle healed incision. Diagnoses include 1) status post tibial tendon repair on left, 2) status post left ankle A/S, and 3) antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GabaKetoLido Cream 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer reviewed literature to support use. The MTUS Guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. It has an extremely high incidence of photocontact dermatitis. The MTUS Guidelines do not recommend the use of topical lidocaine that is not in a dermal patch form. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. As such, the request is not medically necessary.