

<b>Case Number:</b>	CM14-0170514		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	05/15/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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:

This patient is a 48-year-old male with a date of injury May 15, 2006. The patient has chronic knee pain. The patient also has neck pain, right shoulder pain, left shoulder pain, low back pain, and left knee pain. Patient also has depression. Physical exam shows that the patient walks with a limp. This has reduced range of motion of the lumbar spine. The patient has been indicated for right knee surgery. The patient has been taking multiple medications for pain. The issue is whether additional medications are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Prescription of Topical Compound Ketoprofen, Gabapentin and Tramadol Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** Request for compounded topical analgesic is not medically necessary. Guidelines opposed the use of topical gabapentin and they also oppose use of any compounded product that contains a least 1 constituent that is not recommended. There is a lack of medical

evidence to support the use of his compounded topical medicine. The medicine is not medically necessary and not supported by current guidelines MTUS.

**Topical Compound Ketoprofen, Gabapentin and Tramadol Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** Request for compounded topical analgesic is not medically necessary. Guidelines opposed the use of topical gabapentin and they also oppose use of any compounded product that contains a least 1 constituent that is not recommended. There is a lack of medical evidence to support the use of his compounded topical medicine. The medicine is not medically necessary and not supported by current guidelines MTUS.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing UDT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** MTUS guidelines do not support the use of narcotics for chronic pain. Long term use of narcotics is not medically necessary in this case. No functional benefit has been demonstrated in the records. The request is not medically necessary.