

<b>Case Number:</b>	CM14-0030190		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 24-year-old male was reportedly injured on August 14, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note was dated May 6, 2014. The injured employee was stated to be six months status post anterior cruciate ligament graft and had been discussed repair. The injured employee was unable to attend physical therapy recently but is working with a home exercise program. There were complaints of weakness rather than pain. Current medications were stated to include tramadol, Prilosec, naproxen and topical creams with ketoprofen, gabapentin and tramadol. The physical examination demonstrated an antalgic gait and range of motion of the right knee from 0 to 100 degrees. Quadriceps strength was rated at 3+/5. X-rays of the right knee showed good tunnel placement. It was recommended that the injured employee continue physical therapy, and medications were renewed. A request had been made for topical preparations of tramadol, ketoprofen and gabapentin and was not certified in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream : Tramadol 30grams #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical analgesics Page(s): 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, only topical analgesics containing anti-inflammatory medications, capsaicin and lidocaine are recommended. Although tramadol is an analgesic, it is not recommended for topical usage. Additionally, the injured employee specifically states that his strengthening problems are more concerning than pain control. For these reasons, this request for topical tramadol is not medically necessary.

**Topica; Ketoprofen 30grams #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical analgesics Page(s): 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, only topical analgesics containing anti-inflammatory medications, capsaicin and lidocaine are recommended. Although ketoprofen is an anti-inflammatory medication, it is also not recommended due to an extremely high incidence of photo contact dermatitis. For this reason, this request for topical ketoprofen is not medically necessary.

**Topical Gabapentin 30grams #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical analgesics Page(s): 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, only topical analgesics containing anti-inflammatory medications, capsaicin and lidocaine are recommended. There is no peer-reviewed medical literature to support the use of topical gabapentin. This request for topical gabapentin is not medically necessary.