

<b>Case Number:</b>	CM14-0054744		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	07/04/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Physical Medicine and Rehabilitation 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 43-year-old female who reported an injury on 03/10/2011, due to cumulative trauma while performing normal job duties. The injured worker developed an injury to her bilateral hands. The injured worker's treatment history included physical therapy, multiple medications, bracing, activity modifications, and surgical intervention. The injured worker underwent right open carpal tunnel release and release of the right cubital tunnel, medial epicondylectomy of the right elbow in 01/2012. The injured worker subsequently developed reflex sympathetic dystrophy of the right upper extremity. The injured worker was evaluated on 07/15/2013. It was documented that the injured worker had decreased range of motion of the right wrist and elbow, tenderness to palpation over the flexor tendon sheath, with normal range of motion of the thumb, and 4/5 motor strength weakness of the right shoulder. It was documented that the injured worker did have diminished sensation in the bilateral median and ulnar nerves. A request was made for gaba-keto ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABA-KETO OINTMENT 60GM TIMES TWO (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The Chronic Pain Guidelines do not support the use of gabapentin in a topical formulation, as there is little scientific evidence to support the efficacy and safety of this medication. Additionally, the guidelines do not recommend the use of Ketoprofen as a topical analgesic, as it is not FDA-approved to treat neuropathy pain in this formulation. The clinical documentation does indicate that the injured worker has chronic pain related to reflex sympathetic dystrophy of the right upper extremity. However, the guidelines indicate that any medication that contains at least one (1) drug (or drug class) that is not supported by guideline recommendations is not recommended. As such, the request is not medically necessary or appropriate.