

<b>Case Number:</b>	CM14-0055768		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/30/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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 is a 61-year-old female who suffered an injury on 3/30/2007. This injured worker, housekeeper, has complained of multiple areas of pain since the work related injury and has been under the care of several physicians. Diagnoses consist of right knee medial meniscal tear, left knee medial meniscal tear and chondromalacia patella, status post L4-5 and L5-S1 decompression and fusion, bilateral carpometacarpal arthritis, bilateral shoulder impingement, and cervical degenerative disc disease at C5-6. She also suffers from significant depression and anxiety, gastrointestinal reflux, sleep apnea and hypertension. She has been disabled. The patient has also been on pain medication Tylenol #4 as well as gabapentin orally. The treating physician also recommended continuation of a topical cream containing ketoprofen, gabapentin and tramadol. The physician reviewer on 4/11/2014 did not certify a topical cream based on guidelines. However, recommended the continuation of the Tylenol No. 4 and oral gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream Ketoprofen, Gabapentin and Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary (last updated 3/18/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

**Decision rationale:** As stated above, literature and scientific data do not support the use of these topical agents, especially when multiple areas are involved. This patient experiences pain in several regions, low back, and neck and knee joints. The use of topical agents in this particular case is not going to be very effective and the evidence-based guidelines do not support the use. Therefore, the request is not medically necessary.