

<b>Case Number:</b>	CM14-0078511		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 patient is a 52 year old female who was injured on 2/4/2014. The diagnoses are left ankle and left knee pain. A left ankle magnetic resonance imaging (MRI) on 2/17/2014 was significant for peroneus brevis tear. The patient completed physical therapy, acupuncture and steroid injections to the knee. On 6/4/2014, [REDACTED] noted subjective complaints of left ankle pain. There was no symptom or sign of complex regional pain syndrome. The patient had an antalgic gait. The left ankle was tender during range of motion examination. A utilization review determination was rendered on 5/9/2014 recommending denial for compound topical Keto-Lido cream 240gm 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Keto-Lido cream 240 gms, plus 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS Guidelines addressed the use of topical compound analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesics can be

utilized when oral medications are ineffective, cannot be tolerated or have failed. The record did not show that the patient could not tolerate oral NSAIDs. The preparation contains Ketoprofen and Lidocaine. The use of topical Ketoprofen is associated with development of photo dermatitis. There is no guideline support for the use of Lidocaine in other formulations except as Lidoderm for localized neuropathic pain. Topical Lidocaine is not approved for the treatment of joint arthritic pain therefore Keto-Lido cream 240gm 1 refill is not medically necessary.