

<b>Case Number:</b>	CM14-0080378		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Medicine and is licensed to practice in 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 injured worker is a 48-year-old female who reported injury on 02/04/2010. Mechanism of injury was not submitted for review. The injured worker has diagnoses of Chondromalacia patella, internal derangement of knee, carpal tunnel syndrome, and Pes Anserinus tendonitis or bursitis. Past medical treatment consists of physical therapy, acupuncture, aquatic therapy, steroid injections, and medication therapy. Medications include a PPI, Norflex, Norco 5 mg, and Norco 7.5 mg. The dosage, frequency, and duration were not provided in the documentation. An MRI of the left knee revealed a tear that occurred on her knee. The injured worker is status post left knee arthroscopy. Progress Note dated 03/28/2014 revealed that the injured worker was very pleasant with minimal complaint of pain in her lumbar spine, status post injection with local anesthetic conducted in their last visit. There was no measurable pain levels documented. In the same report, physical examination revealed that the injured worker had improved in her range of motion and functional capacity. There was minimum spasm and tenderness observed in the paravertebral muscles of the lumbar spine with increased range of motion on flexion and extension. The injured worker stated that due to the decreased pain she no longer needed to take her medications. The treatment plan is for the injured worker to use a topical lotion of lidocaine/gabapentin and ketoprofen due to the fact that the injured worker feels she can discontinue her oral medications. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription drug, generic; Retrospective Lidocaine/Gabapentin/Ketoprofen:** Upheld

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

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

**Decision rationale:** The request for Prescription drug, generic; Retrospective Lidocaine/Gabapentin/Ketoprofen is non-certified. Progress Note dated 03/28/2014 revealed that the injured worker was very pleasant with minimal complaint of pain in her lumbar spine, status post injection with local anesthetic conducted in their last visit. There was no measurable pain levels documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lido-Gaba-Keto cream contains lidocaine, gabapentin, and ketoprofen. Lidocaine is not recommended per the MTUS Guidelines. Guidelines also state that ketoprofen is not currently FDA approved for a topical application. In addition, guidelines state that there is no evidence for use of any other muscle relaxant as a topical product. The submitted report also did not have a rationale as to why the injured worker would require a topical cream versus a continuation of oral medications. The dose, quantity, and frequency for the proposed medication were also not provided. Given the above, the request for lidocaine, gabapentin, ketoprofen is not medically necessary.