

<b>Case Number:</b>	CM14-0096658		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 02/04/2013. The mechanism of injury was not provided in the medical records. She has a diagnosis of status post left knee surgery. Her past treatments were noted to include aqua therapy, physical rehabilitation, use of a TENS unit, heat applications, oral medication, and topical analgesics. Her surgical history included an arthroscopic meniscectomy on 03/27/2014. On 06/11/2014, the injured worker presented with complaints of bilateral knee pain. Her physical examination revealed an improved gait, limited range of motion of the left knee, decreased motor strength in the bilateral knees, and positive crepitus. Her medications were noted to include Norco, gabaketolido cream, and Tylenol. It was noted that the injured worker reported pain relief at bedtime when laying down with use of the gabaketolido cream. The treatment plan included continued aquatherapy, acupuncture, continued passive modalities, weight loss, and medication refills. The request for gabaketolido cream was noted to be to assist with pain at night. The Request for Authorization form was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabaketolido Cream, 16 hours a day # 5: Upheld**

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that topical compounded products that contain at least 1 drug that is not recommended are not recommended. In regard to gabapentin, the guidelines state that there is no peer-reviewed literature to support use of gabapentin as a topical product. In regards to ketoprofen, the guidelines state that ketoprofen is not currently FDA-approved for topical application, as it has an extremely high incidence of photocontact dermatitis. In regard to lidocaine, the guidelines state that the only FDA-approved formulation of lidocaine is the Lidoderm patch for the treatment of neuropathic pain, and no other commercially-approved topical formulation of lidocaine (such as creams and lotions) are indicated for neuropathic pain. As the topical compound requested contains gabapentin, ketoprofen, and lidocaine not in the formulation of a Lidoderm patch, the compound is also not supported. As such, the request is not medically necessary.