

<b>Case Number:</b>	CM14-0204861		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 47-year-old diabetic man who sustained a work-related injury on April 12, 2010. Subsequently, the patient developed chronic knee and low back pain. The patient has undergone an MRI, which revealed a meniscal tear in the right knee. He underwent arthroscopic surgery on July 17, 2010. He remained symptomatic and underwent a second surgery on the right knee on November 5, 2010. He has undergone pain management, chiropractic treatments, psychological treatment, and lumbar sympathetic blocks. He has undergone lumbar differential diagnostic facet blocks at L4-5 and L5-S1 on October 12, 2011 and right lumbar sympathetic ganglion block at L2-3 in February 2012. According to a progress report dated October 24, 2014, the patient complained of pain affecting the lumbar spine and both knees, right greater than left. He also complained of left knee feeling unstable when walking or standing. The patient rated the level of his pain as a 9-10/10 without medications and 6-7/10 with medications. He stated he was using a hinged brace for the right knee and this has been helpful. He noted some color changes and swelling affecting the knees, right greater than left. Examination of the lumbar spine revealed bilateral lumbar paraspinous tenderness. There was 1+ palpable muscle spasm present. Range of motion was limited secondary to pain with flexion at 50 degrees, extension at 10 degrees, right lateral bending 15 degrees, and left lateral bending 15 degrees. The patient had a positive straight leg raise exam on the right at 50 degrees. He had tenderness to palpation over the right greater than left medial and lateral joint line. Muscle testing revealed 3/5 motor strength in all major muscle groups in the right lower extremity as compared to the left. There was significant atrophy in the right quadriceps muscle. Sensory exam revealed hypesthesia in the right L5-S1

dermatomes. Examination of the right knee revealed significant loss of range of motion. The patient had tenderness to palpation over the joint line. There was no evidence of hypersensitivity or allodynia. The patient was diagnosed with status post left thumb tuft fracture and proximal phalanx fracture, right knee meniscal tear, right lower extremity complex regional pain syndrome/reflex sympathetic dystrophy, left knee sprain/strain, lumbosacral spine sprain/strain with lumbar spondylosis and right lower extremity radicular pain, stress, anxiety, and depression. The provider requested authorization for Ketoprofen, gabapentin and lidocaine compounded rub.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketoprofen, gabapentin and lidocaine compounded rub 240g:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of Gaba/Keto/Lido cream (Gabapentin, Ketoprofen, Lidocaine). Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Gaba/Keto/Lido Cream is not medically necessary.