

<b>Case Number:</b>	CM14-0209689		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 56-year-old woman with a date of injury of 09/22/2003. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/07/2014 indicated the worker was experiencing lower back pain that went into the legs. Documented examinations consistently described mild tenderness in the lower back, decreased sensation along the paths of the left L5 and S1 spinal nerves, and decreased reflexes at the left knee and ankle. The submitted and reviewed documentation concluded the worker was suffering from lumbar spondylosis with left leg radiculopathy and depression. Treatment recommendations included oral and topical pain medications. A Utilization Review decision was rendered on 11/20/2014 recommending denial for 240g of KGL (Ketoprofen, Gabapentin, and Lidocaine) cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KGL Cream #240g times 1:** 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): 111-113.

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound contains medications in the anti-seizure (Gabapentin), non-steroidal anti-inflammatory (NSAID; Ketoprofen), and anesthetic pain reliever (Lidocaine) classes. The MTUS Guidelines do not recommend topical Gabapentin because there is no literature to support its use. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. The MTUS Guidelines recommend topical Lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs. There was no discussion describing special circumstances that sufficiently support the use of this compound medication in this setting. In the absence of such evidence, the current request for 240g of KGL (Ketoprofen, Gabapentin, and Lidocaine) cream is not medically necessary.