

<b>Case Number:</b>	CM14-0210033		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/20/2006
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/21/2014
<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 36-year-old woman with a date of injury of 02/20/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/28/2014 indicated the worker was experiencing pain in both knees. Documented examinations consistently described positive patellar grind testing in both knees, tenderness in both knees, and positive McMurray's sign on the right, and abnormal left kneecap tracking. The submitted and reviewed documentation concluded the worker was suffering from right knee internal derangement and severe degenerative arthrosis. Treatment recommendations included oral and topical medications, medication injected into the knee, and follow up care. A Utilization Review decision was rendered on 11/21/2014 recommending non-certification for an indefinite supply of a compounded cream containing ketoprofen 15%, gabapentin 8%, diclofenac 5%, and lidocaine 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 15 Percent/ Gabapentin 8 Percent/ Diclofenac 5 Percent/ Lidocaine 5 Percent Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics Page(s): 56-57; 112.

**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 containing medications in the anti-seizure (gabapentin 8%), the anesthetic (lidocaine 5%), and non-steroidal anti-inflammatory (NSAID; Ketoprofen 15% and Diclofenac 5%) classes. 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. Topical gabapentin is not recommended because there is no literature to support its use. The MTUS Guidelines recommend topical NSAIDs 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. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed documentation did not include a discussion detailing extenuating circumstances that would support this use of this compound product in this setting. In the absence of such evidence, the current request for an indefinite supply of a compounded cream containing Ketoprofen 15%, Gabapentin 8%, Diclofenac 5%, and Lidocaine 5% is not medically necessary.