

<b>Case Number:</b>	CM15-0196185		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old male with a date of injury of August 22, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for ankle sprain and strain, and foot sprain and strain. Medical records dated July 16, 2015 indicate that the injured worker complained of foot and ankle pain rated at a level of 6 to out of 10. A progress note dated August 27, 2015 documented complaints similar to those reported on July 16, 2015. Per the treating physician (August 27, 2015), the employee was temporarily totally disabled. The physical exam dated July 16, 2015 reveals tenderness of the plantar fascia origin on the right, moderate tenderness over the neck of the talus, moderate tenderness of the medial malleolus, and decreased range of motion of the right ankle and foot with pain. The progress note dated August 27, 2015 documented a physical examination that showed no changes since the examination performed on July 16, 2015. Treatment has included cortisone injections, a Cam walker, orthotics, and medications (Ketoprofen cream documented on August 27, 2015; history of Voltaren, Protonix, Ultram, and Neurontin). The urine drug screen dated June 25, 2015 showed negative results for all tested substances. The original utilization review (September 9, 2015) non-certified a request for KGL cream: Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%, 360 gm 30 day supply with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KGL cream: Ketoprofen 15% Gabapentin 10% Lidocaine 10% 360 gm 30 days supply  
BID apply 2-3 gm to right foot/ankle refill 0: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in October 2014 when he jumped from scaffolding, landing with his right foot on a metal crossbar. He continues to be treated for chronic ankle and foot sprain. Treatments have included medications, injections, orthotics, and use of CAM walker. When seen, he had pain rated at 5-7/10. His body mass index was over 33. There was mild to moderate right plantar fascia tenderness. There was medial malleolus tenderness and tenderness over the neck of the talus. There was decreased and painful ankle range of motion. There was an antalgic gait. Oral medications include Voltaren, platonic, extended release Ultram, and gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.