

<b>Case Number:</b>	CM15-0047424		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: 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 injured worker is a 30 year old female with an industrial injury dated 11/17/2011. Her diagnosis is complex regional pain syndrome type 1 of lower limb. She has been treated with nerve blocks, aqua therapy, physical therapy and medications. In the progress note dated 01/29/2015 the physician notes the injured worker is having burning in her right foot with color changes. Physical exam revealed tenderness to bottom of feet to touch, toes cold and feet had purplish hue. She reports good results with ketamine nasal spray. The provider is requesting referral to specialty provider, medications and nerve block. The issue for review is a topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10%, Ketoprofen 10%, Lidocaine 5%, Gabapentin 10% 100g:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. Ketoprofen is not recommended by MTUS guidelines. In addition, there is no documentation of intolerance or failure of first line medication. There is no rationale as why the powder form of these medications is necessitated and not the recommended oral form. Based on the above, Ketamine 10%, Ketoprofen 10%, Lidocaine 5%, Gabapentin 10% 100g cream is not medically necessary.