

<b>Case Number:</b>	CM15-0058234		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on 12/29/06. The injured worker was diagnosed as having post laminectomy syndrome, neuralgia, neuritis and radiculitis, degeneration of cervical intervertebral disc, carpal tunnel syndrome and venous stasis of lower extremity, chronic lumbar radiculopathy, gastroesophageal reflux disease and autonomous neurogenic bladder. Treatment to date has included oral medications, trial of spinal cord stimulator, SI joint injection, psychiatric therapy and physical therapy. Currently, the injured worker complains of constant throbbing pain at the lumbosacral junction extending to both buttocks and pain and numbness in bilateral lower extremities. The injured worker states with medications she has improved function. Physical exam revealed bilateral wrist braces, antalgic gait with limp on the right and tenderness to palpation in the lumbosacral junction with decreased range of motion. The treatment plan included refilling Cymbalta, oxymorphone, Prevacid, atenolol, Opana ER and topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10% Ketoprofen 105 Gabapentin 10% Lidocaine 10% 360g with 2 refills:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The referenced guidelines state that any compound containing at least one non-recommended ingredient is not recommended in its entirety. The only approved form of lidocaine is in patch form (Lidoderm). Topical gabapentin is not recommended by the guidelines. Consequently, Ketamine 10% Ketoprofen 105 Gabapentin 10% Lidocaine 10% 360g with 2 refills is not medically necessary.