

<b>Case Number:</b>	CM15-0083034		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old female with an industrial injury dated 4/22/2008. The injured worker's diagnoses include carpal tunnel syndrome post-op bilaterally, De Quervain's tenosynovitis bilaterally, trigger finger bilateral hands and ulnar neuropathy of mild bilateral wrist. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 1/23/2015, the injured worker reported bilateral hand pain associated with throbbing, numbness and tingling. Objective findings revealed positive bilateral Tinel's sign, positive Phalen's and Finkelstein's on the left and decrease grip strength in the upper extremity. The treating physician prescribed retrospective request for Keto/Gaba/Lido Compound 30mg, (date of service 3/04/2015) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Keto/Gaba/Lido Compound 30gm, (DOS 03/04/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web Edition.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Retrospective: Keto/Gaba/Lido Compound 30gm, (DOS 03/04/2015) is not medically necessary and appropriate.