

<b>Case Number:</b>	CM15-0101911		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 65 year old male with an October 8, 2013 date of injury. A progress note dated April 29, 2015 documents subjective findings (left knee pain rated at a level of 3-7/10), objective findings (tenderness to palpation of the left knee medial and lateral joint lines; decreased strength), and current diagnoses (degenerative joint disease of the knee; chronic pain syndrome). Treatments to date have included physical therapy (minimally helpful), knee joint replacement, and medications. The treating physician documented a plan of care that included Ketoprofen/ Gabapentin/Camphor/Menthol/Capsaicin compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20%/Gabapentin 10%/Camphor 2%/Menthol 2%/Capsaicin 0.05%, 360g:**  
Upheld

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

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

**Decision rationale:** The patient is a 65 year old male with an injury on 10/08/2013. He has left knee pain and had a knee joint replacement. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol, Camphor and Gabapentin and each one is not recommended; thus the requested compound topical analgesic medication is not medically necessary.