

<b>Case Number:</b>	CM15-0012770		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/19/1997
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 4/19/1997. She has reported back, neck, left knee pain associated with headaches and insomnia. The diagnoses have included multilevel disc disease with spondylosis, thoracic radiculopathy, cervical degenerative disc disease, status post left knee medical meniscectomy, and total knee replacement 2010. Treatment to date has included cervical epidural steroid injection with good relief documented. Currently, the IW complains of low back and knee pain, numbness in upper extremity, and reported relief with cervical, thoracic and lumbar epidural steroid injections. Physical examination from 1/15/15 documented decreased Range of Motion (ROM) and mild tenderness in cervical region and moderate tenderness in the lumbar region. There was decreased sensation over the C6 and C7 dermatomes. The medications listed are Norco, Maxalt, omeprazole, Wellbutrin and Prozac. The patient was noted to have failed treatment with gabapentin and Cymbalta. On 1/2/2015 Utilization Review non-certified Ketoprofen, Gabapentin, and Lidocaine (KGL) Cream #240. The MTUS Guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Ketoprofen, Gabapentin, and Lidocaine (KGL) Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen, Gabapentin and Lidocaine (KGL) Cream QTY: 240.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 75, 78, 79, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16, 111-113. Decision based on Non-MTUS Citation Pain Chapter Antidepressants. Topical Analgesic products

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical compound products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is plain Lidoderm without an other compound. The guidelines recommend that patients with significant psychosomatic symptoms be treated with antidepressants with analgesic properties. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with musculoskeletal pain located in many body regions with radicular properties. The patient was noted to have failed treatment with gabapentin but the KCL cream contains gabapentin. The KCL contains ketoprofen 15%.gabapentin 10% lidocaine 10%. The guidelines recommend that topical products be utilized individually for evaluation of efficacy. The chronic use of topical ketoprofen is associated with photodermatitis. The criteria for the use of KCL cream #240 was not met.