

<b>Case Number:</b>	CM15-0015529		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 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:

This injured worker is a 32 year old female who sustained an industrial injury on 10/17/11 involving her left knee. Currently she complains of shooting, gnawing achy left knee pain, swelling and sensitivity unable to tolerate the sheet on her skin. Medications include gabapentin, Ativan, oxycodone and Norco. Diagnoses include reflex sympathetic dystrophy of the lower limb; chronic pain syndrome; left knee reconstructive surgery (11/3/12); left knee revision (2/5/14); left knee patellar dislocation. Treatments to date include 4 nerve blocks, physical therapy, rest, cold application, physical therapy and medication. These helped to a small extent. Diagnostics included x-rays of the left knee (2012); MRI left knee (2011,2012, 2013) ; computed tomography of the left knee (2013). On 1/22/15 Utilization Review non-certified the request for Gaba 6%, Lido 10%, Ketoprofen 5% lotion 120 GM citing MTUS: Chronic Pain Medical Treatment Guidelines: Topical Analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaba 6%/Lido 10%/Ketoprofen 5% lotion 120 gm:** 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.

**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. There 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. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for Ketoprofen/ Gabapentin/Lidocaine lotion is not medically necessary.