

<b>Case Number:</b>	CM15-0179770		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: North Carolina

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 77 year old male who sustained an industrial injury on 10/30/03. According to the most recent medical records he has been receiving ongoing treatment for his right knee pain. Diagnoses include: left and right knee post-traumatic arthritis, lumbar degenerative disc disease and degenerative joint disease, status post left arthroscopic medial meniscectomy, status left total knee replacement, status post right knee arthroscopic debridement, status post L4-5 and L5-S1 decompression and fusion, insomnia, depression and anxiety. Progress report dated 6-17-15 reports continued complaints of severe right knee pain. He also has complaints of mild low back and right shoulder pain. He states that the Supartz viscosupplementation given in March is still making his knee smooth. He reports feeling unsteady on his right knee and asked for a brace. His left total knee replacement is working well. Medications include: gabapentin 300 mg 2 times per day, Tramadol 150 mg as needed, prilosec and topical creams of ketoprofen, gabapentin and Tramadol. Upon exam, he uses a cane in his right hand for balance and he has tenderness medially and anteriorly on the right knee. No plan of care was mentioned. Progress report dated 3-23-15 indicates refill of medications given for Tramadol 150 mg, #60, prilosec 20 mg, #90, Xanax 1 mg #60 and topical creams of ketoprofen, gabapentin, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Gabapentin/Tramadol Topical Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.