

<b>Case Number:</b>	CM15-0020215		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/31/2005
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Alabama, 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:

The injured worker is a 69-year-old male, who sustained an industrial injury on August 31, 2005, incurring shoulder and back injuries while lifting. He was diagnosed with a lumbar sprain and shoulder sprain. Magnetic Resonance Imaging of the lumbar spine revealed a herniated disc. He underwent two shoulder surgeries in 2010 and 2011. Treatment included physical therapy, home exercise program, anti-inflammatory drugs, transcutaneous electrical stimulation unit topical analgesic creams, ointments, and work restrictions. Currently, the injured worker complained of low back pain radiating to the mid back and bilateral buttocks. The treatment plan that was requested for authorization included a prescription for Lido-Gaba-Keto compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido-Gaba-Keto C2/10/10/2% 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 cream is not medically necessary.