

<b>Case Number:</b>	CM15-0074527		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: California, 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 44-year-old female, with a reported date of injury of 01/07/2014. The diagnoses include rule out cervical disc herniation without myelopathy, rule out lumbar disc displacement without myelopathy, rule out thoracic disc displacement without myelopathy, left hip sprain/strain, bursitis of the left knee, and carpal sprain/strain of the left wrist. Treatments to date have included oral medication. The progress report dated 01/16/2015 indicates that the injured worker complained of neck pain, low back pain with radiation to the left lower extremity, left hip pain with numbness and tingling, headache, left knee pain with weakness, numbness, and tingling, and left wrist and hand pain with tingling and numbness. The examination of the neck showed spasm and tenderness to the bilateral paraspinal muscles and positive bilateral shoulder depression test. An examination of the low back showed spasm and tenderness to the bilateral lumbar paraspinal muscles, and decreased left patellar reflex. An examination of the wrists and hands showed spasm and tenderness to the left anterior wrist and left posterior extensor tendons, and positive left carpal test. An examination of the hips showed spasm and tenderness to the left gluteus medius muscle and left tensor fasciae latae muscle, and positive Fabere's test on the left. An examination of the knees showed spasm and tenderness to the left anterior joint line, left quadriceps muscles, and popliteal fossa. The treating physician requested lidocaine/Ketoprofen/gabapentin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 02/03/2015) Lido/Keto/Gaba cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** MTUS states that topical analgesics are largely experimental in use with few randomized clinical trials to determine efficacy or safety. There is little to research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended. The request is for lidocaine/Ketoprofen/Gabapentin cream. Lidocaine is only indicated as a Lidoderm patch. No other commercially formulations of lidocaine are approved for use. Topical NSAIDs (Ketoprofen) are not recommended for neuropathic pain. Gabapentin in a topical formulation is not recommended, as there is no peer-reviewed literature to support its use. Therefore, the request is deemed not medically necessary or appropriate.