

<b>Case Number:</b>	CM14-0124122		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 70 year old female, who sustained an industrial injury on 12-12-2002. The injured worker was diagnosed as having chondromalacia patella and carpal tunnel syndrome. On medical records dated 07-25-2014 and 04-29-2014, the subjective complaints were noted as left knee pain rated 2-2.5 out of 10. Objective findings were noted as left more than right knee pain. Onset of numbness in left hand was noted with positive Tinel's and Phalen's sign. Treatment to date included medication. Current medications were listed as gaba-keto-lido cream. Hand written note was difficult to decipher. The Utilization Review (UR) was dated 07-31-2014. A Request for Authorization was dated 07-25-2014. The UR submitted for this medical review indicated that the request for Gaba-keto-lido compound 3-6 months x1 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaba/keto/lido compound 3 -6 months X1: 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:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore, the request is not medically necessary.