

Case Number:	CM13-0002274		
Date Assigned:	03/21/2014	Date of Injury:	01/14/2013
Decision Date:	04/11/2014	UR Denial Date:	06/26/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 1/14/2013. Per primary treating physician she complains of left wrist pain. On exam there was left wrist diffuse swelling, decreased and painful range of motion, and decreased grip strength at 2/5. Diagnoses included 1) Wrist pain 2) Sprain of wrist unspecified. She was stated on a trial of neurontin 100 mg 1 tablet at bedtime in 5/2013, and then increased to 1-3 tablets per day in 6/2013. In 6/2013 her treatment was to include a trial of Ketolido Cream 10% to be applied the wrist as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 100MG #30 X 3 BOTTLES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs(AEDs) Page(s): 16-19.

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) recommend the use of anti-epilepsy drugs such as Neurontin for neuropathic pain. The clinical documents provided for review do sufficiently support the existence of neuropathic pain. The primary treating provider has diagnoses of wrist

pain and wrist sprain. The request for Neurontin 100 mg #30 x 3 bottles is determined to not be medically necessary.

KETOLIDO CREAM 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Ketolido cream 10% is a compounded cream containing ketoprofen and lidocaine as the active ingredients. The Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) do recommend the use of Lidoderm for neuropathic pain, but no other formulations including creams are supported for the use of neuropathic pain. The clinical documents provided for review do not indicate that the injured worker is suffering from neuropathic pain at her right wrist. Topical Ketoprofen is not FDA approved, and not recommended by these guidelines. The request for Ketolido Cream 10% is determined to be not medically necessary.