

<b>Case Number:</b>	CM13-0006269		
<b>Date Assigned:</b>	08/27/2013	<b>Date of Injury:</b>	03/24/1992
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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:

This patient is a 70 year old female with date of injury 3/24/92. The mechanism of injury is not specified in the available medical records. There are no provider records included for medical review with the exception of the patient's cardiology notes. There is no radiographic data included for review. Objective: there are no notes that include a musculoskeletal examination. Diagnoses: there are no medical records that state the patient's diagnoses other than cardiology notes which state atrial fibrillation as a diagnosis. Treatment plan and request: Gabapentin powder- 6% Ketoprofen powder - 20%, Cyclobenzaprine 4%, Penderm Base; Laxacin, Somnicin capsule; Ketoprofen powder; Lidocaine HCL powder; Penderm Cream base; Ketoprofen powder; Gabapentin Bulk powder; Cyclobenzaprine HCL powder, Penderm base, Ketoprofen powder 20%, Lidocaine HCL 5%, Penderm Cream base; Terocin lotion; Genicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin powder- 6%, Ketoprofen powder - 20%, Cyclobenzaprine 4%, Penderm Base Quantity Dispensed #180, 20days supply DOS 04/05/2013: 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 medications Page(s): 111.

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Gabapentin powder- 6%, Ketoprofen powder - 20%, Cyclobenzaprine 4%, Penderm Base and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.

**Laxacin tablet Quantity dispensed #100, 25 days supply DOS 04/05/2013: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com)

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Laxacin and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.

**Somnicin capsule, quantity dispensed #30 30 day supply DOS 04/05/2013: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com)

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Somnicin and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.

**Ketoprofen powder, Lidocaine HCL powder, Penderm Cream base, DOS 1/1/2012: 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 medications Page(s): 111.

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Ketoprofen powder, Lidocaine HCL powder, Penderm Cream base and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.

**Ketoprofen powder, Gabapentin Bulk powder Cyclobenzaprine HCL powder, Penderm base DOS 4/7/2012: 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 medications Page(s): 111.

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Ketoprofen powder, Gabapentin Bulk powder Cyclobenzaprine HCL powder, Penderm base and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.

**Ketoprofen powder 20%, Lidocaine HCL 5%, Penderm Cream base quantity dispensed #180, 20 days supply, DOS 04/05/2013: 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 medications Page(s): 111.

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Ketoprofen powder 20%, Lidocaine HCL 5%, Penderm Cream base and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.

**Terocin lotion quantity #240, 20 days supply, DOS 04/05/2013: 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 medications Page(s): 111.

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Terocin lotion and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.

**Genicin 500mg capsule quantity #90, 30 days supply, DOS 04/05/2013:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com)

**Decision rationale:** This 70 year old female has a date of injury 3/24/92. There are no provider records included which state patient's complaints or diagnoses other than several cardiology notes which list atrial fibrillation as a diagnosis. There is no provider documentation provided requesting Genicin and no provider records which state a rationale for using this medication. On the basis of the lack of included provider medical records, this medication is not indicated as medically necessary.