

Case Number:	CM13-0013017		
Date Assigned:	09/25/2013	Date of Injury:	08/24/2009
Decision Date:	05/21/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/19/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

This patient is a 41 year old male with a date of injury on 8/24/2009. Patient has been treated for ongoing symptoms related to his lower back and left knee. Subjective complaints are of lumbosacral and left knee pain, stiffness, and weakness. Physical exam shows tenderness to lumbosacral spine, decreased range of motion, positive straight leg raise, and weakness in L4-5 myotome. Left knee is tender to palpation medially with decreased range of motion. Patient had knee surgery in 2012. Other treatments have included physical therapy, psychotherapy and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABA/KETO/LIDO AND CAPSAICIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm, Anti-Epilepsy Drugs (AED) Page(s): 111-113, 56, 16.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Gabapentin, Ketoprofen, Lidocaine and capsaicin. CA MTUS indicates that

Gabapentin is an anti-seizure medication that is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an Anti-Epilepsy Drugs (AEDs) for neuropathic pain depends on these improved outcomes. The medical records do not indicate any pain relief or functional improvement specific to this medication. Guidelines also do not recommend topical Gabapentin as no peer-reviewed literature support their use. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) is recommended for short-term use, and Ketoprofen specifically does not have FDA approval for this indication. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of Lidocaine are indicated. Due to this compounded medication not being in compliance to current use guidelines the requested prescription is not medically necessary.