MAXIMUS Federal Services

Case Number:	CM13-0029851		
Date Assigned:	11/27/2013	Date of Injury:	11/19/2012
Decision Date:	01/17/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine & Rehabilitation 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 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:

The patient is a 65 year old male who reported an injury on 11/19/2012. The mechanism of injury was not provided in the medical record. The most recent clinical note dated 09/13/2013 reported the patient continued to have right knee and right ankle pain aggravated by prolonged walking, standing, bending, and/or squatting. Upon assessment it was noted that the patient had altered gait, moderate pain during range of motion examination, with moderate amount of popping, locking, and crepitus noted. There was decreased range of motion to the right ankle with moderate pain. The patient was diagnosed with staged traumatic arthritis to right knee, rupture posterior tibial tendon with probable traumatic arthritis of the right ankle, varicosities left leg, and inguinal hernia to right groin. Right knee arthroplasty with postoperative physical therapy was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6%/Ketoprofen 20%/Lidocaine HCL 16.15% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: California Chronic Pain Medical Treatment guidelines indicate that Ketoprofen is not a FDA-approved agent for a topical application. Gabapentin is not recommended for topical application. Also, Lidoderm is the only approved formulation for topical application. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. The requested medication contains ingredients that are not recommended for topical application. Therefore, the Gabapentin 6%/Ketoprofen 20%/Lidocaine HCL 16.5% cream is not medically necessary and appropriate.