

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0030004 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 08/14/2007 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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:

The applicant has filed a claim for bilateral carpal tunnel syndrome reportedly associated with an industrial injury of August 14, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; a TENS unit trial; unspecified amounts of chiropractic manipulative therapy and acupuncture over the life of the claim; and topical compound. In a Utilization Review Report of September 16, 2013, the claims administrator approved a request for a TENS unit trial, approved a request for Elavil, and denied a request for a topical compound. The applicant's attorney subsequently appealed. An August 22, 2013 progress note is notable for comments that the applicant is on Dilantin for epilepsy. The applicant is off of work but states that her goal is to return to work. She is apparently receiving unemployment compensation, it is stated. Physical therapy and a TENS unit are sought. It is stated that the applicant has received various medications over the life of the claim including Skelaxin, lidocaine, Prilosec, oxycodone, Motrin, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOGEL 1GM BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118.

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

Decision rationale: No, the proposed topical compounded Keto gel is not medically necessary, medically appropriate, or indicated here. One of the ingredients in the Keto gel is ketoprofen, which is, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines "not recommended" for topical compound formulation purposes. Since one ingredient in the topical compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified, on Independent Medical Review.