

Case Number:	CM13-0038873		
Date Assigned:	12/18/2013	Date of Injury:	01/10/2008
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 Illinois, Indiana, and Texas. 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 60-year-old male who reported a work related injury on 01/10/2008, which caused right knee injury that the patient attributed to wear and tear of the job. The patient has undergone right and left knee arthroscopic surgeries. The patient also received Synvisc injections to the right knee. The patient has complaints of continued bilateral knee pain with locking and instability. He is scheduled for right total knee arthroplasty on 09/18/2013. Medial and lateral joint line tenderness and patellar crepitus were noted with the flexion and extension of both knees. A request has been made for a prescription of C-Keto 10% Lido 10% Balco 10% 180 for the date of service 01/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of C-Keto 10% Lido 10% Balco 10% 180 date of service 01/07/13 i: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Recent clinical documentation stated the patient was scheduled for right total knee arthroplasty on 09/18/2013, and he would be re-evaluated in approximately 2 months.

The patient would be given enough medication to last until this time, and postoperative medication would be deferred to the knee specialist. The patient was noted to have severe degenerative joint disease of the right and left knees. He had restricted his activities and had not been working. California Medical Treatment Guidelines for chronic pain state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient was not noted to have signs or symptoms of neuropathic pain. Guidelines further state that many agents and topical analgesics are compounded as monotherapy or in combination for pain control, and there is little to no research to support the use of many of these agents. Guidelines state that topical baclofen is not recommended, as there is no peer-reviewed literature to support the use of topical baclofen. Ketoprofen is not currently FDA-approved for a topical application, as it has an extremely high incidence of photocontact dermatitis. In addition, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain, and no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Formulations that do not involve a dermal patch system are generally indicated as local anesthetics and antipruritics. Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, the decision for a prescription for C-Keto 10% Lido 10% Balco 10% 180 for the date of service 01/07/2013 is noncertified.â€