

Case Number:	CM13-0040079		
Date Assigned:	12/20/2013	Date of Injury:	02/25/2007
Decision Date:	04/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/08/2013

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 Neurology has a subspecialty in Neuromuscular 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:

This is a 60 year old man who sustained a work related injury on February 26 2007. Subsequently he developed chronic pain in the right foot. Physical examination demonstrated hypersensitivity in the right foot. The patient was diagnosed with chronic neuropathy related to a crush injury. The provider requested authorization to use Gabapentin, ketoprofen and lidocaine compound 7/10/5% for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin, Ketoprofen and Lidocaine Compound 7/10/5%: 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 Page(s): 111.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on Topical Analgesics (page 111), states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined with other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS Guidelines, any compounded product that

contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure or intolerance of NSAIDs or oral first line medications for the treatment of pain. There is no evidence that Gabapentin, Ketoprofen and Lidocaine Ointment is effective for the treatment of neuropathic pain. There is no justification for the use of a topical Compound Ointment. Therefore, the request for Gabapentin, Ketoprofen and Lidocaine Compound 7/10/5% is not medically necessary.