

Case Number:	CM13-0042192		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2012
Decision Date:	08/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/27/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 44-year-old male. The patient has a date of injury of November 15, 2012. He has chronic shoulder pain. He is diagnosed with rotator cuff syndrome. Patient continues to complain of pain. The patient also complains of left ankle pain and swelling. The patient was also diagnosed with a closed left ankle fracture and pain in the left ankle. Physical examination shows tenderness of the lateral malleolus of the left ankle. The medical records do not indicate that the patient has been diagnosed with osteoarthritis. The medical records also do not indicate that the patient has neuropathic pain. At issue is whether additional medications are medically necessary. Specifically, at issue is whether topical medications are medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6 percent, Ketoprofen, 10 percent, Lidocain HCL 5 percent 60gm cream:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines page 111.

Decision rationale: Guidelines indicate that topical anesthetics her primary recommended for neuropathic pain. These topical anesthetics I recommended when trials of antidepressants and anticonvulsants have failed. The medical records do not indicate that there is benefit trial and failure of antidepressants and anticonvulsants medication. Also. Guidelines indicate that topical NSAID drugs are sometimes recommended the treatment of osteoarthritis for 2 week.. There is no indication the patient has been diagnosed with osteoarthritis. The medical records do not indicate that the patient is being treated for neuropathic pain. Therefore, the request is not medically necessary.

Capsaicin 00.875/Menthol 10 percent 10 LDS 60mg Cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines page 111.

Decision rationale: Guidelines indicate that topical anesthetics her primary recommended for neuropathic pain. These topical anesthetics I recommended when trials of antidepressants and anticonvulsants have failed. The medical records do not indicate that there is benefit trial and failure of antidepressants and anticonvulsants medication. Also. Guidelines indicate that topical NSAID drugs are sometimes recommended the treatment of osteoarthritis for 2 week.. There is no indication the patient has been diagnosed with osteoarthritis. The medical records do not indicate that the patient is being treated for neuropathic pain. Therefore, the request is not medically necessary.