

Case Number:	CM13-0045817		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2011
Decision Date:	03/12/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 55-year-old with a date of injury of 09/06/11. A progress report included by [REDACTED] dated 10/09/13, identified subjective complaints of right knee pain. Objective findings included an antalgic gait. There was joint tenderness and decreased range-of-motion. Diagnosis included right meniscus tear, status-post partial meniscectomy on 04/19/12. Treatment has included acupuncture, physical therapy, and oral medications. A new treatment for topical therapy has been recommended; in part, due to the patient's intolerance of oral NSAIDs (non-steroidal anti-inflammatory drugs). A Utilization Review determination was rendered on 11/06/13 recommending non-certification of "Ketoprofen 10%/Gabapentin 10%/Lidocaine 5% 120gm, Qty 1.00".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Gabapentin 10%, Lidocaine 5% 120mg Qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: Ketoprofen 10% is an NSAID (non-steroidal anti-inflammatory drugs) being used as a topical analgesic. Chronic Pain Medical Treatment Guidelines section states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. The efficacy of topical NSAIDs (non-steroidal anti-inflammatory drugs) in osteoarthritis has been inconsistent. They have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In neuropathic pain, they are not recommended as there is no evidence to support their use. The only FDA approved topical NSAID is diclofenac. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no necessity for the addition of Ketoprofen in the topical formulation for this patient. Gabapentin is an anti-epilepsy drug. Chronic Pain Medical Treatment Guidelines states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. Chronic Pain Medical Treatment Guidelines state that Gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no documented medical necessity for the addition of Gabapentin in the topical formulation for this patient. Lidocaine is a topical anesthetic. Chronic Pain Medical Treatment Guidelines states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that Lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no demonstrated medical necessity for Lidocaine in this type of formulation.