

Case Number:	CM13-0049018		
Date Assigned:	03/03/2014	Date of Injury:	08/10/2009
Decision Date:	04/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/07/2013

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:

According to the records made available for review, this is a 40-year-old male with a 8/10/09 date of injury. At the time (7/29/13) of request for authorization for GABAKETOLIDO 60 G and Capsaicin 60 G, there is documentation of subjective (low back and left knee pain with weakness, continued crepitation, and episodes of swelling) and objective (tenderness, muscle tightness, guarding, and spasm in the paravertebral area, and restricted lumbar spine range of motion, and mild sensory loss in the distribution of the L5 nerve root) findings, current diagnoses (chronic lumbosacral ligamentous and muscular strain with discopathy and radiculopathy; status post left knee arthroscopic surgery and medical meniscectomy; stress/anxiety/depression; and insomnia), and treatment to date (medications (including ongoing treatment with Gaba-Keto that is beneficial)). Regarding Capsaicin 60 G, there is no documentation that the patient has not responded or is intolerant to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETOLIDO 60 G: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation http://apexcompoundingpharmacy.ca/compounding-guide/Medications/keto_gaba_lido.html.

Decision rationale: The Expert Reviewer's decision rationale: An online source identifies ingredients of Gaba-Keto-Lidoe as Ketoprofen 20%, Gabapentin 6%, and Lidocaine 10%. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of chronic lumbosacral ligamentous and muscular strain with discopathy and radiculopathy; status post left knee arthroscopic surgery and medical meniscectomy; stress/anxiety/depression; and insomnia. However, GABAKETOLIDO contains at least one drug (Ketoprofen and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for GABAKETOLIDO 60 G is not medically necessary.

CAPSAICIN 60 G.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN, TOPICAL Page(s): 28-29.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical capsaicin in a 0.025% formulation. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Within the medical information available for review, there is documentation of a diagnosis of chronic lumbosacral ligamentous and muscular strain with discopathy and radiculopathy; status post left knee arthroscopic surgery and medical meniscectomy; stress/anxiety/depression; and insomnia. However, there is no documentation of the percentage formulation requested and that the patient has not responded or is intolerant to other treatments. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 60 G is not medically necessary.