

Case Number:	CM14-0101389		
Date Assigned:	09/25/2014	Date of Injury:	04/01/2005
Decision Date:	11/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine & Rehabilitation 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:

The patient is a 59 year old male with date of injury 4/1/05. The treating physician report dated 4/2/14 indicates that the patient presents with pain affecting the right knee with instability. The physical examination findings reveal tenderness and instability of the right knee. Prior treatment history includes medication management, lumbar surgery, left knee total replacement and physical medicine. The current diagnoses are: 1. Status post total knee replacement left 2. DJD ankle and foot right 3. Osteoarthritis of knee 4. Acute back pain with sciatica left. The utilization review report dated 5/30/14 denied the request for Keta/Flurb/Gaba/Lido/Baclo/Cyclo cream and Flurb/Gaba/Lido/Baclo/Cyclo based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Keta/Flurb/Gaba/Lido/Baclo/Cyclo cream, DOS 4/3/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Compound Page(s): 1-127, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The patient presents with chronic right knee pain and is being referred for a total knee replacement surgery. The current request is for Keta/Flurb/Gaba/Lido/Baclo/Cyclo cream, DOS 4/3/2014. The treating physician report dated 4/2/14 indicates that the patient is attempting to be scheduled for right total knee replacement surgery. The treater states that the patient has been prescribed Mobic and continues with Metoprolol Succinate and Gabapentin. There is no discussion provided by the treating physician to indicate the medical necessity of the proposed topical compounded cream. The MTUS guidelines do not support the usage of compound creams that contain Gabapentin or Baclofen. Therefore, this request is not medically necessary.

Retrospective Request for Flurb/Gaba/Lido/Baclo/Cyclo, DOS 4/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Compound Page(s): 1-127, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The patient presents with chronic right knee pain and is being referred for a total knee replacement surgery. The current request is for Flurb/Gaba/Lido/Baclo/Cyclo, DOS 4/3/2014. The treating physician report dated 4/2/14 indicates that the patient is attempting to be scheduled for right total knee replacement surgery. This request is similar to the previous request except this compounded topical analgesic does not contain Ketaprofen. The treater states that the patient has been prescribed Mobic and continues with Metoprolol Succinate and Gabapentin. There is no discussion provided by the treating physician to indicate the medical necessity of the proposed topical compounded cream. The MTUS guidelines do not support the usage of compound creams that contain Gabapentin or Baclofen. Therefore, this request is not medically necessary.