

Case Number:	CM14-0016401		
Date Assigned:	04/11/2014	Date of Injury:	11/01/2000
Decision Date:	05/29/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/10/2014

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:

This is a patient with a date of injury of 11/1/00. A utilization review determination dated 1/20/14 recommends non-certification of Ketoprofen/Diclofenac/Gabapentin cream. A 1/14/14 medical report identifies low back and left arm pain. There is some neck tightness

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 5% / DICLOFENAC 3%/ GABAPENTIN 5% IN LIPODERM CREAM:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic And Epidural Blocks, Topical Analgesics, pages 111-113.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Gabapentin is not supported by the MTUS Chronic Pain Guidelines for topical use. Furthermore, there is no clear

rationale in the medical records provided for review for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Ketoprofen 5% / Diclofenac 3% / Gabapentin 5% in Lipoderm Cream is not medically necessary.