

Case Number:	CM14-0017191		
Date Assigned:	04/14/2014	Date of Injury:	09/15/2008
Decision Date:	05/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 Neurology 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 injured worker (IW) is a 52 year old female who was injured at work on 9/15/08, reporting an injury to her left knee. The IW underwent a left knee arthroscopy in 2009 and finally had a total knee replacement in June 2013. The IW then developed a peroneal nerve palsy from this surgery resulting in a left foot drop. Although a recent EMG report describes the peroneal nerve as improving, the IW still reports dorsiflexion weakness in addition to paresthesias in the dorsal aspect of the foot. The IW has been treated with oral medications (specifically, Gabapentin and Elavil) in the past. The request in review is for a compounded topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 15%/PRILOCAINE 3%/FLUTICASONE 1%/LEVOCETIRIZINE 2% (PRACASIL PLUS) GEL 240M #1 WITH 1 REFILL: 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 rationale: With regard to topical analgesics, the California MTUS reference of Chronic Pain Medical Treatment Guidelines analgesics states that any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound in this case contains Gabapentin, which is not recommended: peer-reviewed literature does not support its use. Therefore the requested compound is not a recommended treatment, and this request is not medically necessary or appropriate.