

Case Number:	CM14-0019666		
Date Assigned:	04/28/2014	Date of Injury:	12/03/1997
Decision Date:	07/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of December 3, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; earlier partial medial meniscectomy; Synvisc injections; and topical compounded drugs. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for a topical compounded ketoprofen-gabapentin-lidocaine-baclofen cream. The applicant's attorney subsequently appealed. The applicant seemingly received multiple corticosteroid injections in late 2013, including on November 27, 2013 and December 4, 2013. On December 4, 2013, the applicant was given the topical compounded ketoprofen-gabapentin-lidocaine-baclofen cream in question along with cyclobenzaprine-containing topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGLB CREAM: 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: In this case, several ingredients of the compound carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. Specifically, ketoprofen, gabapentin, and baclofen are not recommended for topical compound formulation purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider has not furnished any applicant-specific narrative, rationale, or commentary, which would offset the unfavorable MTUS recommendation. Therefore, The request for Ketoprofen-Gabapentin-Lidocaine-Baclofen cream is not medically necessary or medically appropriate.