

Case Number:	CM14-0132675		
Date Assigned:	08/22/2014	Date of Injury:	03/30/2002
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 is a 67 year old male with a reported date of injury on 03/02/2002. The mechanism of injury was not listed in the records. The diagnoses included bilateral knee osteoarthritis. The past treatment included pain medication, physical therapy, and surgery. The X rays on 07/17/2014 revealed stable left total knee arthroplasty revision. The surgical history included left total knee arthroplasty on 01/14/2014. On 07/17/2014, the subjective complaints were pain to the left knee rated 3/10. The physical examination revealed left knee range of motion as follow extension 5 degrees and flexion 100 degrees. The medications included Gabapentin/Prilocaine/Fluticasone/Levocetirizine topical cream. The plan was to continue medications and home exercise program. The rationale was pain relief. The request for authorization form was not submitted for review.

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% Cream #19: 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): 111-112.

Decision rationale: The request for Gabapentin 15% Prilocaine 3% Fluticasone 1% Levocetirizine 2% Cream #19 is not medically necessary. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In regard to Gabapentin, it is not recommended for topical use as there is no peer-reviewed literature to support use. In regards to Prilocaine, the guidelines state there is limited to no evidence to support topical anesthetics for chronic pain. Therefore, as the requested topical compound contains Prilocaine and gabapentin which are not recommended, the compound is also not supported. As such, the request is not medically necessary.