MAXIMUS Federal Services

Case Number:	CM14-0133646		
Date Assigned:	08/22/2014	Date of Injury:	10/16/2012
Decision Date:	09/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 53 year old female with a reported date of injury on 10/16/2012. The mechanism of injury was not documented in the records. The diagnoses included carpal tunnel syndrome and DeQuervain's Tenosynovitis. The past treatment included effective shock wave therapy and tendon sheath injections. On 07/02/2014, the subjective complaints were bilateral hand and wrist pain. The documents were hand written and difficult to decipher. In addition the documentation submitted was very limited no surgical history, medication history, physical examination, treatment plan, rationale for request, or request for authorization form were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin, ketoprofen, lidocaine compound cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Gabapentin, Ketoprofen, Lidocaine compound cream 240 gm is not medically necessary. The California MTUS guidelines state that primarily

recommended for neuropathic pain and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to Gabapentin, it is not recommended for topical use as there is no peer-reviewed literature to support use. In regards to Ketoprofen, it is not currently FDA approved for a topical application due to a high incidence of photo contact dermatitis. In regard to lidocaine, the guidelines state that no commercially approved topical formulations of lidocaine other than Lidoderm brand patches are currently recommended for neuropathic pain. Since the compound cream contains Gabapentin, Ketoprofen, and Lidocaine, which are not recommended, the requested compound is also not supported. As such, the request is not medically necessary.