

Case Number:	CM14-0152417		
Date Assigned:	09/22/2014	Date of Injury:	06/11/2014
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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:

This is a 50-year-old female with a 6/11/14 date of injury. The mechanism of injury occurred due to repetitive lifting and carrying of heavy boxes and injured his left inguinal area. According to a progress report dated 7/14/14, the patient reported constant severe pain with numbness and tingling in the right wrist that radiated to the right hand and forearm. He rated his pain as an 8 at worst and 4 at best. He also reported mild to severe burning pain in the left inguinal area rated as an 8 at worst and 2 at best. He reported numbness and tingling in the left inguinal area. Objective findings: pain on palpation of right radial aspect of wrist structures, no evidence of carpal tunnel syndrome or tendinitis of thumbs, Phalen's test and Tinel's sign negative bilaterally, normal range of motion of both hands. Diagnostic impression: right DeQuervain's, left groin pain, rule out inguinal hernia. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/19/14 denied the request for Gaba-keto-lido cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1 Gaba-keto-lido cream 240gm, 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of gabapentin, ketoprofen, or lidocaine in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Meds x 1 Gaba-keto-lido cream 240gm, with 1 refill was not medically necessary.