

Case Number:	CM14-0154932		
Date Assigned:	09/24/2014	Date of Injury:	06/28/1982
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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 male with a reported injury on 02/12/2005. The mechanism of injury was not listed in the records. The injured worker's diagnoses included pain in the joint, lower leg and chronic fatigue syndrome. The injured worker's past treatments included pain medication and physical therapy. There was not relevant diagnostic imaging submitted for review. There was no relevant surgical history documented in the records. The subjective complaints on 07/17/2014 included left knee pain. The note was handwritten, and difficult to decipher. The objective physical exam findings are illegible. The injured worker's medications were not listed in the records. The treatment plan was not provided in the records. A request was received for Compound Topical Medication (Lidocaine 5%, Diclofenac 10%, Ketamine 3%, Gabapentin 10%, Dexamethasone 0.01% Between 8/13/2014 and 11/23/2014. The rationale for the request was not provided. The Request For Authorization form was dated 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Medication (Lidocaine 5%, Diclofenac 10%, Ketamine 3%, Gabapentin 10%, Dexamethasone 0.01% Between 8/13/2014 and 11/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE- TOPICAL/ TOPICAL- NSAIDS/ KETAMINE-TOPICAL/ GABAPENTIN-.

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

Decision rationale: The request for Compound Topical Medication (Lidocaine 5%, Diclofenac 10%, Ketamine 3%, Gabapentin 10%, Dexamethasone 0.01% Between 8/13/2014 and 11/23/2014 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state the topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class is not recommended is not recommended. In regards to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. In regards to gabapentin, it is not recommended for topical use as there is no peer reviewed literature to support its use. Additionally, the dose, quantity, and frequency for the proposed medication was not provided. As the requested topical compound contains no approved formulations, the request is not supported by the guidelines. As such, the request is not medically necessary.