

Case Number:	CM14-0159420		
Date Assigned:	10/03/2014	Date of Injury:	03/13/2013
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Management, has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with an injury date of 03/13/2013. According to the 08/06/2014 progress report, the patient has severe pain in his right foot as well as swelling and a burning sensation. He has severe pain over his right third and fourth toes at the metatarsal area. The patient states it turns bright red or white and has a burning pain. The patient's diagnoses include the following: 1. Right foot crush fracture of 2nd, 3rd, and 4th metatarsals. 2. Sympathetic dystrophy, right foot. The utilization review determination being challenged is dated 09/15/2014. Treatment reports were provided from 05/13/2014 - 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Gabapentin/Ketoprofen/Lidocaine 7/10 5% in UL 30gm and 120 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 08/06/2014 progress report, the patient complains of having severe right foot pain. The request is for a compound medication gabapentin/Ketoprofen/lidocaine 7/10 5% W UL 30 g and 120 mg. According to MTUS Guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS, page 111, states the following: "Non FDA approved agents: Ketoprofen: This agent is not currently FDA approved for topical application. It has an extremely high incidence of photo-contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical ointment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure." In this case, MTUS does not discuss gabapentin for topical formulation. Lidocaine is only recommended in a patch formulation. Therefore, the requested compound medication Gabapentin/Ketoprofen/Lidocaine 7/10 5% in UL 30gm and 120 mg is not medically necessary and appropriate.