

Case Number:	CM14-0159752		
Date Assigned:	10/03/2014	Date of Injury:	03/07/2010
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 65 year old male who was injured on 3/7/2010. The diagnoses are neck, low back, shoulder, knee, feet and SI joints pain. There are associated diagnoses of myofascial pain syndrome, insomnia and depression. The MRI of the lumbar spine showed degenerative disc disease, facet arthropathy and neural foramina stenosis. The patient had completed PT, acupuncture and hydrotherapy treatments. On 5/22/2014, [REDACTED] noted subjective complaints of frequent falls and 6-8/10 pain score on a scale of 0 to 10. There was atrophy of the quadriceps, decreased range of motion of the joints and positive straight leg raising test. The patient had previously observed pain relief with the use of Terocin cream. The medications are Neurontin and Oxycodone for pain. A Utilization Review determination was rendered on 9/23/2014 recommending non certification for Monarch cream 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monarch cream (Lidocaine, Ketoprofen, Gabapentin), 120 grams: 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 Page(s): 16-22, 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend the use of topical analgesic preparations for localized pain that did not respond to standard orally administered medications. Topical products are indicated for small to medium joints and localized neuropathic pain. The records indicate that the patient has generalized pain located in multiple joints. The Monarch product contains Lidocaine, Ketoprofen and Gabapentin. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. The patient is utilizing the maximum recommended 3600mg of orally administered gabapentin per day. Any additional topical gabapentin may be absorbed further contributing to the subjective complaints of frequent falls. The use of topical Ketoprofen is associated with a high incidence of photo dermatitis. The criteria for the use of Monarch cream 180gm is not met.