

Case Number:	CM14-0170154		
Date Assigned:	10/20/2014	Date of Injury:	04/04/2014
Decision Date:	11/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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:

Patient is a 27 year-old male with date of injury 04/04/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as left upper extremity pain with numbness, tingling and weakness. PR-2 provided for review was handwritten and illegible. Objective findings: Examination of the left forearm revealed tenderness to palpation and weakness. No other physical examination findings were documented. Diagnosis: 1. Status post foreign body removal from left forearm 2. Left shoulder pain 3. Left wrist/hand pain 4. Sleep disturbance. The medical records supplied for review document that the patient has not been prescribed the following medication before the request for authorization on 09/02/2014. Medications; Gabaketolido Cream 240gm SIG: PRN (as needed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabaketolido Cream 240gm with 1 refill: 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): 111-112.

Decision rationale: Gabaketolido Cream (Ketoprofen 20% Gabapentin 6% Lidocaine 10%). According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains Ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. Therefore, the request for Gabaketolido Cream 240gm with 1 refill is not medically necessary.