

Case Number:	CM14-0176407		
Date Assigned:	10/29/2014	Date of Injury:	04/11/2013
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for cubital tunnel syndrome reportedly associated with an industrial injury April 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cubital tunnel release surgery; unspecified amounts of physical therapy; and topical compounds. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a request for topical compounded ketoprofen-containing drug. The applicant's attorney subsequently appealed. In a handwritten progress note (difficult to follow) dated June 18, 2014, the applicant reported ongoing complaints of elbow and hand pain. Authorization was sought for a home transcutaneous electrical nerve stimulation (TENS) unit. Medication selection and medications efficacy were not discussed on this occasion. The applicant's complete medication list was not attached to this particular progress note. In an August 4, 2014 pain management note, it was acknowledged that the applicant had ongoing complaints of elbow, hand, and forearm pain, 7 to 8/10. The applicant was still smoking. The applicant was using Norco for pain relief. Topical compounded cream, oral Norco, and oral gabapentin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Ketoprofen 15%/Gabapentin 10%/Lidocaine 10%: 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 topic Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that applicant's ongoing usage of numerous first line oral pharmaceuticals, including oral Norco and oral gabapentin, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" compound at issue. Therefore, the request is not medically necessary.