

Case Number:	CM14-0026046		
Date Assigned:	06/13/2014	Date of Injury:	07/05/2011
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

This patient sustained an injury on 7/5/11 while employed by [REDACTED]. The request(s) under consideration include ketoprofen 30gm/gabapentin 12gm/cyclobenzaprine 12gm/tramadol 30gm. The Date of Services for the compound topicals include 11/25/11, 10/26/12, 3/5/13, and 11/7/13. The diagnoses include lumbar sprain; L5-S1 degenerative disc disease; Knee osteoarthritis; and Ankle osteoarthritis. The report of 4/18/13 from the provider, that the noted low back and left knee pain, with right knee pain was better after surgery. There is history that the patient had a right total knee arthroplasty (TKA) in late December 2012, with post-operative physical therapy (PT). The medications list Flexeril, Lorcet, Prilosec, and Naprosyn. An exam showed diffuse motor weakness at quadriceps, hamstrings, and gastrocnemius muscles. A left knee arthroscopy was considered. The patient was prescribed a topical compound. The request(s) for ketoprofen 30gm/gabapentin 12gm/cyclobenzaprine 12gm/tramadol 30gm was non-certified on 1/31/14, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 30GM/GABAPENTIN 12GM/CYCLOBENZAPRINE
12GM/TRAMADOL 30 GM (DATE OF SERVICE: 11/25/2011; 10/26/2012; 03/05/2013;
AND 11/07/2013): Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The Chronic Pain Guidelines indicate that the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pain, without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011, without documented functional improvement from treatment already rendered. The request is not medically necessary and appropriate.