

Case Number:	CM14-0027969		
Date Assigned:	06/20/2014	Date of Injury:	12/31/2009
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/05/2014

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 is licensed to practice in Illinois. 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 injured worker is a 48 year old female who reported an injury on 12/31/2009. The injured worker is post-operative to the right knee. The injured worker complained of sharp, dull, throbbing, burning pain. The injured worker stated her pain was constant and intermittent. Increased with movement and travel. She rated her pain at a 9/10 on a VAS scale. There are no physical findings that pertain to the injured workers low back or knee. The injured worker has diagnoses of Pain in Joint LO, Degener Lumbar/L and Lumbar Facet Art. The injured workers medications include Robaxin 750mg 1 tablet 4 times a day, Fentanyl Transdermal System 100mcg 1 patch every 48 hours, Norco 10/325mg 1 tablet every four hours and Duexis 800/26.6 3 times a day. The treatment plan is for Topical medications including ketoprofen, gabapentin, lidocaine, and ketamine. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medications including ketoprofen, gabapentin, lidocaine, and ketamine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 111-112.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With Lidocaine there is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. In the submitted reports there was no documentation as to where the cream would be applied and amount. There was also a lack of evidence of any range of motion, strength and/or effectiveness of the current medications the injured worker was taking. There were no physical findings in regards to the injured workers knee and lower back. Furthermore, the request is for a compound that per MTUS guidelines is not recommended. The request is for Ketoprofen, Gabapentin, lidocaine and ketamine. Therefore, the request for Topical medications including Ketoprofen, gabapentin, lidocaine, and ketamine is not medically necessary.