

Case Number:	CM14-0033235		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2004
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 Internal 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 an injured worker with bilateral upper extremity conditions. Date of injury was 06-10-2004. Primary treating progress report dated 02-07-2014 by [REDACTED] documented diagnoses: Left shoulder biceps tendinitis versus biceps tendon rupture; Bilateral impingement syndrome; Bilateral medial epicondylitis; Possible left medial capsulitis; Left shoulder arthroscopy 05/11/05; Bilateral knee chondromalacia; status post gastrointestinal bypass procedure. Utilization review dated 02-24-2014 recommended non-certification of the requests for CycloKeto and GabaKetoLido topical products.

IMR ISSUES, DECISIONS AND RATIONALES

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

CycloKeto (Cyclobenzaprine/ Ketoprofen 3%/20%) Transderm 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/ NSAIDs (Non Steroidal Anti-Inflammatory Drugs), Cyclobenzaprine as a muscle relaxant.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 111-113) address Topical Analgesics. Topical Analgesics are largely experimental. 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. There is no evidence for use of muscle relaxants as a topical product. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. MTUS guidelines do not support the use of Cyclobenzaprine and Ketoprofen topical products. Therefore, the request is not medically necessary.

Gabaketolido (Gabapentin/ Ketoprofen/Lidocaine 6/20/6.15%) Transderm 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 111-113) address Topical Analgesics. Topical Analgesics are largely experimental. 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No neuropathic pain conditions were documented. MTUS guidelines and medical records do not support the use of topical Gabapentin, Ketoprofen, and Lidocaine products. Therefore, the request for is not medically necessary.

