

Case Number:	CM14-0035284		
Date Assigned:	08/13/2014	Date of Injury:	01/10/2008
Decision Date:	10/07/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 61 year old male with a date of injury of January 10, 2008. He sustained an injury to his right knee. After failing medical treatment, he had a total knee arthroplasty on October 2, 2013. In February 2014, he continued to have stiffness and edema after activity. He was ambulating in February 2014 with an antalgic gait and a one-point cane. He was taking medications and this resulted in pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Med: Lido 6%/ Gaba 10%/ Keto 10%: Upheld

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

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

Decision rationale: Regarding topical analgesics, the Medical Treatment Utilization Schedule states that topical analgesics are recommended as an option although they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages

that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including nonsteroidal anti-inflammatory drugs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoid, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The Medical Treatment Utilization Schedule also states that if one drug (or drug class) in the compounded product is not recommended then the entire compound is not recommended. There is no evidence that this worker has had trials of antidepressants and anticonvulsants that have failed. Per the Medical Treatment Utilization Schedule, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin/norepinephrine reuptake inhibitors antidepressants or an antiepileptic drug such as gabapentin). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. Per Treatment Utilization Schedule, ketoprofen is not currently Food and Drug Administration approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for workers at risk, including those with renal failure. Additionally, the medication compound (Lido 6%/ Gaba 10%/ Keto 10%) is not recommended because gabapentin is not recommended. There is no peer-reviewed literature to support its use. Therefore, the request is not medically necessary.