

Case Number:	CM14-0038963		
Date Assigned:	06/27/2014	Date of Injury:	05/13/1999
Decision Date:	08/26/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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:

The injured worker is a 70-year-old female with a date of injury of 08/08/2000 from an unknown mechanism of injury. The injured worker diagnoses were ongoing weakness and impingement of the left shoulder status post previous surgery and ongoing basal joint arthritis of the left hand. Past treatments included an injection of 2 cc of 40 mg per cc of Depomedrol and 2 cc of Lidocaine 1% to the thumb. There were also x-rays reviewed, but there was no documentation of the results submitted for review. The injured worker complained of pain in the left shoulder, the left arm, and the left thumb. The injured worker also complained that she had intermittent pain with her left upper extremities, rating the pain at a 6/10; the characteristics of the pain were throbbing, burning-type pain. On examination on 01/30/2014, there was a mild discoloration to the left thumb, tender about the basal joint with full range of motion of all other fingers. The injured worker's upper extremity strength was noted to be 4/5 in abduction and external rotation with mild impingement. The injured worker's medications included Vicodin and the topical Ketoprofen/gabapentin/lidocaine. The treatment plan from the provider was for the injured worker to continue to take pain medications and the transderm cream intermittently for the thumb. The rationale for the request was not documented and submitted for review. The request for authorization forum dated 02/21/2014 was provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% in organogel with 5% Lidocaine Gabapentin 900mg/30mg gel 90 grams:
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: The request for Ketoprofen 20% in organogel with 5% Lidocaine gabapentin 900 mg/30 mg gel 90 gm is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized control trials to determine efficacy. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to the painful areas with advantages that include lack of systemic side effects, absence of drug interaction, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, then the compound is not recommended. The injured worker complained of pain to her left thumb and there was mild discoloration noted, but had full range of motion. Also, she had intermittent pains with her upper left extremity with a pain score of 6/10. According to the guidelines, Lidocaine is indicated for neuropathic pain. It is recommended for localized peripheral pain after there has been an evidence of a trial of first line therapy of an antidepressant or an antiepileptic drug such as gabapentin or Lyrica. Lidoderm is the only topical that has been designated for orphan status by the FDA for neuropathic pain. The request for topical analgesic contains gabapentin, which is not recommended by the guidelines and there is no peer-to-peer reviewed literature to support the use. In addition, there is no frequency or location documented on the proposed request. As such, the request for Ketoprofen 20% and organogel with 5% Lidocaine gabapentin 900 mg/30 mg gel 90 gm is not medically necessary.