

Case Number:	CM14-0039578		
Date Assigned:	06/27/2014	Date of Injury:	02/06/2003
Decision Date:	08/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 Nevada. 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 records presented for review indicate that this 69-year-old male was reportedly injured on February 6, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 31, 2014, indicates that there are ongoing complaints of low back pain and left knee pain. The physical examination demonstrated an abnormal gait. There was some abnormality with heel/toe walking and the inability to perform a full squat. Examination of the lumbar spine noted tenderness down to the level of the pelvis and tightness along the lumbar paravertebral muscles. Examination of the left knee noted swelling and patellar crepitus with range of motion. There was a positive left knee McMurray's test and tenderness along the medial joint line. Diagnostic imaging studies were not reviewed during this visit. A request had been made for Exoten C cream and Gabapentin/Ketoprofen/Lidocaine and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten C Cream (Capsaicin 0.0002%, Menthol 10%, Methyl Saliclate 20% compound) 113.4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin and Topical NSAIDS.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Exoten C cream is not medically necessary.

Gabaketolido (Gabapentin 6.15%, Ketoprofen 20% Lidocaine 10%) 15% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Gabapentin, Lidocaine and Topical NSAIDS.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Gabaketolido is not medically necessary.