

Case Number:	CM14-0052244		
Date Assigned:	07/07/2014	Date of Injury:	08/14/2012
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Management 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 female who sustained work-related injuries on March 23, 2010, August 14, 2012, and August 15, 2012. As per history, on March 23, 2010, the injured worker had a foreign body enter her left eye and was treated on a non-orthopedic basis. She also stated that there were some stress involving her work at that time, but no physical injury of an orthopedic nature was noted. On August 14, 2012, she was involved in an altercation with a student which caused her to fall on her right leg/knee which may have twisted. She also stated that she jerked on her right side lower back and eventually developed pain in the left shoulder on the following day. She had medications, X-rays to the right knee and possibly her lumbar spine, and an magnetic resonance imaging of the right knee. She had 18 physical therapy sessions which provided her temporary relief. An injection was provided to her knee which improved her pain somewhat. On March 24, 2014, she underwent a Comprehensive Medical-Legal Report of Panel Qualified Medical Evaluator (Psychiatry), which noted that she is not a candidate for individual psychotherapy nor she was interested in psychotropic medications. She was recommended to receive any additional orthopedic treatment and was recommended to be precluded from returning to work with aggressive and disruptive students. As per utilization review notice of determination dated February 4, 2014, she underwent 6 physical therapy sessions to the right knee. As per Initial Orthopedic Joint Panel Qualified Medical Evaluation dated March 28, 2014, she complained of pain in her right leg, buttocks and right foot which she described as constant, aching and burning, and making sudden movement difficult. Objectively, left shoulder range of motion was limited. Forced adduction resistance test was positive on the left. Tenderness was noted in the anterior and lateral aspects of the left shoulder in the area of the biceps tendon and subacromial bursa. Lumbar spine examination revealed tenderness in the lower back and right greater trochanteric bursa and to a lesser degree on the right sacroiliac joint.

Knee examination revealed tenderness in the area of the patella of the right with positive patellar apprehension test. Per anserinus bursal tenderness was also noted on the right. Supplemental report dated May 15, 2014 notes that the injured worker had X-rays of the knee dated April 15, 2014 which revealed superior beaking of the right patella, indicative of osteochondromalacia. On the left, there is lateral shift of the patella on the sunrise view, but also some femoral osteophytes laterally. No joint spacing but there is beaking of the patella on the lateral standing view of the knee. Lumbar X-rays dated April 15, 2014 revealed anterior osteophytes at the body of the L4 superiorly but no evidence of disc space narrowing. There is some spondylosis and thinning of the pedicles at L5. A magnetic resonance imaging scan of the lumbar spine without contrast performed on April 15, 2014 revealed some minimal facet hypertrophy at L3-4 and L4-5, but no disk herniations or asymmetric disc bulges. There is a slight disc bulge at L3-5 on sagittal view but no evidence of disc desiccation or other abnormalities that were pathologically significant. A magnetic resonance imaging scan of the knee shows intact anterior cruciate ligament and posterior cruciate ligament, although femoral attachment of the anterior cruciate ligament is not well visualized. Mid portion of the medial meniscus appears to be degenerative but no obvious tears were noted. A magnetic resonance imaging scan of the left shoulder with arthrogram performed on April 21, 2014 revealed some degenerative changes in the anterior cruciate joint, however, glenoid appears intact. No extravasation of dye through the rotator cuff indicating, that although there was some thinning of the rotator cuff and some irregularity of the humeral head indicative of some glenohumeral arthritic changes but no obvious rotator cuff tear. She was diagnosed with lumbosacral strain with non-verifiable radiculopathy, right trochanteric bursitis, subacromial bursitis and bicipital tendinitis of the left shoulder with adhesive capsulitis, and history of meniscal tear, right knee, with pes anserinus bursitis of the right knee. This is a review of the requested transdermal pain Gabapentin Ketoprofen Lidocaine/Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Pain Gabapentin Ketoprofen Lidocaine/Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 123-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: Evidence-based guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended. In this case, the requested transdermal pain medications Gabapentin, Ketoprofen, and Lidocaine/Capsaicin patch contains Capsaicin, Gabapentin, and Ketoprofen. Capsaicin is recommended only to patients who have not responded or are intolerant to other treatments. There is no documentation the injured worker has not responded or is intolerant to other treatments. Other components of the compounded topical medication such as Ketoprofen is a non-Food and Drug Administration-approved nonsteroidal anti-inflammatory agent for topical usage and is known to have high incidence of photocontact dermatitis while Gabapentin is documented to be not recommended.

Based on the non-recommendation of the components of the requested transdermal pain medications Gabapentin, Ketoprofen, and Lidocaine/Capsaicin patch, the medical necessity is not established. Therefore, the requested service is not medically necessary.