MAXIMUS Federal Services

Case Number:	CM14-0060026		
Date Assigned:	07/09/2014	Date of Injury:	08/24/2012
Decision Date:	08/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Interventional Spine 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 patient is a 40-year-old female with an injury date of 08/24/2012. Based on the 02/18/2014 progress report, the patient complains of moderate right knee pain with all of her daily activities. Overall, her pain is at a 5/10. The worst is at a 7/10, and on average is a 4/10. The patient is currently not working and has been declared permanent and stationary. The patient currently uses topical cream such as Ketoprofen, Gabapentin, and Tramadol. The patient's diagnoses include right knee medial meniscus tear, plica syndrome, right hip sprain/strain, right lumbar probable herniated nucleus pulposus with sciatica to the right, anxiety, insomnia, Schwannoma of L2-L3, ovarian cyst, right, ovarian cyst, right, status post medial meniscectomy and plica excision of the right knee dated on 04/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Gabapentin (Neurontin) Page(s): 18,19; 49.

Decision rationale: According to the 02/18/2014 report, the patient presents with moderate right knee pain. The request is for Gabapentin topical cream. The patient has been using Gabapentin topical cream as early as 08/13/2013. For Gabapentin, MTUS requires the patient should be asked at each visit as to whether there has been a change in pain or function...Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the treating physician does not provide any discussion as to how the medication is tolerated or beneficial to the patient. Given the lack of appropriate assessment, the request for Gabapentin topical cream is not medically necessary and appropriate.

Tramadol topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 78.

Decision rationale: According to the 02/18/2014 report, the patient complains of right knee pain. The request is for tramadol topical cream. Review of the reports shows that the patient has been using tramadol since 08/13/2013. For long term use of opiates, MTUS Guidelines require documentation of pain and function. Some examples of documentation include numeric scales, validated instruments, and addressing the 4 A's (Analgesia, ADLs, adverse effects, and adverse events). In this case, documentation is inadequate, no numerical scales are provided, and no specifics are provided regarding functional changes. Therefore, the request for Tramadol topical cream is not medically necessary and appropriate.

Ketoprofen topical cream: Upheld

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

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

Decision rationale: According to the MTUS Guidelines, any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. MTUS page 111 states the following: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA 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 patients at risk, including those with renal failure." Since Ketoprofen is not recommended MTUS guidelines, the request for Ketoprofen topical cream is not medically necessary and appropriate