

Case Number:	CM14-0060524		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2008
Decision Date:	09/05/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 41 year old female who was injured on on 02/07/2006 when she tripped over a cord. Prior treatment history has included 6 or more visits of physical therapy for the lumbar spine in 03/2001 and dynamic functional brace. Progress report dated 08/28/2013 documented the patient to have complaints of left knee and bilateral elbow pain. She reported her medications decreased the pain by 75% and allows her to continue with activities of daily living. She reported bothersome back pain. There is no exam for review. She is diagnosed with cubital tunnel syndrome, cervical disc disorder; lateral elbow epicondylitis, and patella chondromalacia. She had EMG performed and Ambien 5 mg #10 was requested as well as GFKL cream #1, Duexis 800/26 .6 mg #90. Progress report dated 04/04/2014 indicates the patient complained of left elbow and forearm pain and numbness in the right hand. She also reported left knee pain and increasing neck discomfort. Objective findings on exam revealed moderate spasms in lthe bilateral trapezius muscles, worse on the left. When palpating the left scalene muscle, there was numbness down the left arm. She has reduced sensation to touch in the right ring and pinky finger. She has tenderness to palpation in the left knee with swelling and decreased strength. She has decreased grip on the left. Prior utilization review dated 04/21/2014 states the request for GFKL cream (Gabapentin 10%/ Flurbiprofen 10%/ Ketamine 10%/ Lidocaine 5%/ Hyalurinic acid 0.1%) 120 gm Quantity: 1 is denied as Lidoderm is only recommended for use as a Lidoderm patch; Any combined produce that contains at least one drug or drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

GFKL cream (Gabapentin 10%/ Flurbiprofen 10%/ Ketamine 10%/ Lidocaine 5%/ Hyalurinic acid 0.1%) 120 gm Quantity: 1: 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 MTUS Chronic Pain Guidelines recommends the use of topical compounding agents for the treatment of myofascial, neuropathic, and somatic pain when all the agents in the medication meet the criteria for use. In addition, Lidoderm is only recommended for use in the form of a patch not topical agent. The medical records document that the patient has clear radicular pain patterns and that there is likely neuropathic etiology of her pain symptoms. Based on the MTUS Chronic Pain Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.