

Case Number:	CM14-0072581		
Date Assigned:	07/16/2014	Date of Injury:	08/11/2006
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 60 year old man who was injured on 8/11/2006. The diagnoses are left shoulder and right knee pain. The past surgery history is significant for multiple left shoulder surgeries and right knee surgeries. On 4/23/2014, Marc Thorpe PA-C / Eric S Schmidt noted subjective complaints of left shoulder and right knee pain. The pain score was noted to be 2-5/10 on a scale of 0 to 10 with medications. The pain was decreased by 60% following steroid injections into the joints and home exercise. The patient is currently not able to perform his regular job as a truck driver. The medications are listed as Celebrex and the topical compound cream for pain. A Utilization Review determination was rendered on 4/30/2014 recommending non certification for Kohana cream DGCGT 120g 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kohana Compound Cream (DBCCT-Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tetracaine 2%) 1-2 pumps 2-3 times per day to affected area, 120G, 2 refills, prescribed 4/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of topical analgesics preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized when trials of NSAIDs, anticonvulsant antidepressant medications are ineffective, cannot be tolerated or have failed. The guideline recommends that topical medications be tried and evaluated individually for efficacy. The Kohana cream DBCGT contains Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% and Tetracaine 2%. There is lack of FDA or guideline support for the use of Baclofen, Gabapentin and Cyclobenzaprine in topical formulations. The criteria for the Kohana cream DBCGT 120g 2 refills was not met.