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| Case Number: | CM14-0092610 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 06/26/2008 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 42-year-old male was reportedly injured on 6/26/2008. The mechanism of injury was noted as repetitive loading. The most recent progress note, dated 06/13/2014, indicated that there were ongoing complaints of right sided groin pain that radiated into the testicles. No medical records were submitted for review; however, the utilization review states the most recent physical exam revealed no abdominal distention, positive tenderness to palpation in the right groin over the surgical incision site. No recent diagnostic studies are available for review. Previous treatment included hernia repair, physical therapy, medications, heat, and rest. A request had been made for Ketamine, Gabapentin, and Lidocaine topical ointment and was not certified in the pre-authorization process on 6/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine/Gabapentin/Lidocaine dispensed on 05/13/2014:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class), that is not recommended, is not suggested. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not medically necessary.