

Case Number:	CM14-0161969		
Date Assigned:	10/07/2014	Date of Injury:	06/04/2007
Decision Date:	01/07/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 patient is a 45 year old female with date of injury 06/04/2007 which she sustained by doing repetitive typing. The treating physician report dated 09/12/2014 indicates that the patient presents with pain affecting both wrists and elbows. The physical examination findings reveal tenderness in both wrists and elbows. The patient rated her pain as a 1-2/10 with occasional swelling. Prior treatment history includes EMG testing, physical therapy, acupuncture, two surgeries on her wrist and medication. The patient is currently working on modified duty. The current diagnosis is chronic wrist pain in both wrists. The utilization review report dated 09/26/2014 denied the request for 240gm Gabapentin-Ketoprofen-Lidocaine cream QTY:6.00 based on not enough documentation of neuropathic pain or a failed trial of SSRI or TCA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin-Ketoprofen-Lidocaine cream 240gm #6: Upheld

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

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

Decision rationale: The patient presents with pain affecting both wrists and elbows. The current request is for Gabapentin-Ketoprofen-Lidocaine cream 240gm #6. Duration and frequency are unknown. The primary treating physician did not document reasoning for choosing this cream or that other trials have failed. The MTUS guidelines state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Furthermore, it specifically states that Gabapentin: Not recommended... Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted... Lidocaine states, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case the treating physician has prescribed a compounded topical analgesic that contains medications that are not supported by MTUS. Recommendation is for denial.