

Case Number:	CM14-0190368		
Date Assigned:	11/21/2014	Date of Injury:	05/26/2013
Decision Date:	01/09/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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:

This is a 60 year old female with a 5/26/13 date of injury after falling forward onto her right knee. The patient was most recently seen on 9/9/14 with complaints of pain in the head, waist, right wrist, and right knee, 6/10. She is noted to be working currently. Exam findings revealed mildly positive Phalen's test on the radial side of the right wrist, mild decrease to pinprick in the median nerve, full range of motion in both wrists, and midline tenderness of the spine with spasm and tightness to the lateral sacroiliac joint. There was a mild decrease to sensation in the L5-S1 distribution. There was patellar tracking, crepitus, a positive patellar grind maneuver of the right knee as well as swelling, and a positive McMurray's test. Quadriceps strength was 3/5 on the right. The diagnosis is headaches, lumbago, right knee internal derangement, and right wrist tenderness. Treatment to date: PT for the right knee and back, medications, work restriction. The UR decision dated 10/6/14 denied the request for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Lidocaine 6%, Gabapentin 10% Ketoprofen 10% cream 180 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has multiple areas of pain and it is unclear where this medication is to be applied. It is also unclear exactly what medications she has tried in the past and if they have worked for her. In addition, the guidelines do not recommend topical lidocaine, gabapentin, or ketoprofen in a cream formulation. Therefore, the request for Compound of Lidocaine 6%, Gabapentin 10% Ketoprofen 10% cream 180 gms was not medically necessary.