

Case Number:	CM14-0193651		
Date Assigned:	12/01/2014	Date of Injury:	06/10/2014
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 58 year old female with a date of injury of 6/10/14. Per treating physician report 7/1/14, the patient presents with bilateral feet, bilateral knee and hip pain. Her pain lever is 5-9/10. The patient is using Naproxen 500 mg, which causes intermittent nausea. The patient reports some locking of the knee. Examination of the hips revealed 1+ TTP at posterior aspect. Range of motion is limited to 65-75% of normal by pain. Examination of the bilateral knee revealed on right 1-2+ TTP and 2+ on the left. ROM is limited to 65-75% of normal by pain. Examination of the feet showed 1+ TTP at the mid plantar aspects. Negative Drawer's test. ROM is limited to 75-80% of normal by pain. The listed diagnoses are:1. Strain, hip, bilaterally.2. Strain, knee, bilaterally.3. Sprain, foot bilaterally.The patient is on restricted work duty. Treatment plan includes modified work and follow up. The request is for topical creams. The Utilization review denied the request on 11/18/14. Treatment reports from 6/12/14 through 7/1/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% cream 30 gm: Upheld

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

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

Decision rationale: This patient presents with bilateral feet, bilateral knee and hip pain. The current request is for Gabapentin 10% cream 30 gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended in any topical formulation. The requested compound cream is not medically necessary.

Ketoprofen 20% cream 30 gm: Upheld

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

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

Decision rationale: This patient presents with bilateral feet, bilateral knee and hip pain. The current request is for Ketoprofen 20% cream 30 gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." This topical compound medication is not medically necessary.

Tramadol 20% cream 30 gm: Upheld

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

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

Decision rationale: This patient presents with bilateral feet, bilateral knee and hip pain. The current request is for Tramadol 20 cream 30 gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Tramadol has not been tested for transdermal use. The requested topical compound cream is not medically necessary.

