

Case Number:	CM14-0198677		
Date Assigned:	12/08/2014	Date of Injury:	02/01/2012
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, wrist, and upper extremity pain reportedly associated with an industrial injury of February 1, 2012. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a ketoprofen-gabapentin-lidocaine containing topical compounded cream. The claims administrator referenced a progress note and RFA form of October 24, 2014, in its denial. The applicant's attorney subsequently appealed. In said progress note of October 24, 2014, the applicant was given prescriptions for Percocet, Topamax, and the topical compounded cream at issue. The applicant was also using a TENS unit. The attending provider acknowledged that earlier acupuncture had failed to generate any lasting benefit. The applicant was given diagnoses of wrist pain, neuropathic pain, possible complex regional pain syndrome, and elbow pain. The applicant was status post an ulnar nerve release surgery and/or carpal tunnel release surgery as well as de Quervain release surgery. The applicant's work status was not provided, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin and Lidocaine (KGL) cream QID for neuropathic pain #240:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Topical compounded ketoprofen-gabapentin-lidocaine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Percocet, Topamax, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request is not medically necessary.