

Case Number:	CM14-0200972		
Date Assigned:	12/19/2014	Date of Injury:	07/01/2008
Decision Date:	01/31/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On 7/1/2008 this worker sustained an injury to his neck, left shoulder and low back. He continues to complain of severe neck pain with radiation to the left upper extremity. He also complains of back ache. His medications include hydrocodone, pantoprazole, FluriFlex and TGIce. His diagnoses include left shoulder impingement without rotator cuff tear, cervical discopathy, lumbar discopathy, right knee internal derangement with meniscal tear, status post right knee arthroscopy with patellar chondromalacia, and cervical-brachial syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ethoxy/Pentylene/Gaba/Liquigel/Keto/Trans 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topical Ketoprofen is not FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical gabapentin is not recommended. There is no peer-reviewed literature to support use. Ethoxy, Pentylene, and Liquigel are not specifically discussed in the MTUS guidelines. Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. Therefore, this compounded topical analgesic is not medically necessary.

Ment/Camp/Liquigel/Gaba/Keto/Trans 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Menthol is not specifically listed in the MTUS but is a product in BenGay that is specifically discussed under topical salicylates and is recommended. Camphor and Liquigel are not specifically referenced in the MTUS. Topical gabapentin is not recommended. There is no peer-reviewed literature to support use. Topical Ketoprofen is not FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this compounded topical analgesic is not medically necessary.