

Case Number:	CM14-0201475		
Date Assigned:	12/11/2014	Date of Injury:	01/17/2001
Decision Date:	01/30/2015	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 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 shoulder arthritis reportedly associated with an industrial injury of January 17, 2001. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for a ketoprofen-gabapentin-lidocaine containing compound. The claims administrator noted its decision was based on an RFA form of November 5, 2014 and an associated progress note of October 29, 2014. The applicant's attorney subsequently appealed. In a November 4, 2014 consultation, the applicant reported persistent complaints of back, neck, knee, and thigh pain, 7-8/10. The applicant was status post a recent right total knee arthroplasty. The applicant had multiple prior cervical and lumbar spine surgeries, it was acknowledged. The applicant was using IV Dilaudid status post total knee arthroplasty. The applicant was also using Exalgo, morphine, and Neurontin, it was acknowledged. The applicant was currently unemployed and was receiving disability benefits in addition to Workers' Compensation indemnity benefits, it was acknowledged. Multiple medications were endorsed in preparation for the applicant's discharge from hospital facility following a recent total knee arthroplasty. The applicant was asked to resume Exalgo, Dilaudid, Robaxin, and Neurontin. There was no mention made of the topical compounded drug on this occasion. In an earlier note dated July 31, 2014, the applicant was asked to continue and/or begin Exalgo, Norco, Neurontin, Senna, Colace, Naprosyn, and Ambien. There was no mention made of the topical compounded drug at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL Cream # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic..

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the 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 multiple first-line oral pharmaceuticals, including Exalgo, Dilaudid, Robaxin, Neurontin, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" compound at issue. Therefore, the request was not medically necessary.