

Case Number:	CM14-0087976		
Date Assigned:	07/23/2014	Date of Injury:	11/08/2013
Decision Date:	02/24/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 45 year old employee with date of injury of 11/08/13. Medical records indicate the patient is undergoing treatment for right knee medial meniscus tear, causing locked knee; anxiety; insomnia; obesity; resolved hematoma of right calf; s/p right subtotal medial meniscectomy and chondroplasty of the patella. Subjective complaints include swollen, irritated knee; mild right knee and leg pain. Objective findings include range of motion: extension-flexion on right 5-100 and left 0-100. Patient walks with a limp; grade 2 soft crepitus in his patella; quadriceps weak with atrophy. Treatment has consisted of a cortisone injection; Topical Creams: Tramadol, Gabapentin and Ketoprofen; Ibuprofen; Naproxen and Prilosec and physical therapy. The utilization review determination was rendered on 6/9/14 recommending non-certification of a Retro Ketoprofen Topical Cream #1; Retro Gabapentin Topical Cream #1 and Retro Tramadol Topical Cream #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketoprofen topical cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily is recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. Therefore, the requested medication is not medically necessary.

Retro Gabapentin Topical Cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain, Compound Creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that topical Gabapentin is not recommended, and further clarifies anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Therefore, the requested medication is not medically necessary.

Retro Tramadol topical cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain, Compound Creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that the only FDA approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case.