

Case Number:	CM15-0004678		
Date Assigned:	01/15/2015	Date of Injury:	08/21/2012
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 Injured worker is a 37 year old male who sustained an industrial injury on 08/21/2012. Diagnoses include patellar tendinitis, and tear of medial meniscus of knee. Magnetic Resonance Imaging of the right knee dated 08/15/2014 revealed a joint fusion and a Baker's cyst with associated smaller ganglion cyst caudally. A physician progress note dated 12/17/2014 documents the injured worker has complaints of aching right knee pain. There is a burning sensation to the right knee, and the discomfort is constant and moderate. There is no radiation of pain noted, and there is weakness of the muscle of the right knee. The treating provider is requesting compound of Gab/Flur cream 180gms. On 01/07/2015 the Utilization Review non-certified the request for Gab/Flur cream 180gms, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Gab/Flur cream 180gms: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document knee conditions. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Gabapentin is not supported by MTUS. Therefore, the request for compound of Gabapentin / Flurbiprofen cream is not medically necessary.