

Case Number:	CM15-0005504		
Date Assigned:	01/16/2015	Date of Injury:	08/07/2006
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury on 08/07/2006. On request for authorization dated 12/12/2014 and other submitted documentation. The injured worker has reported long standing history of right knee problems. The diagnoses have included degenerative arthritis status post right total knee arthroplasty, other internal derangement of knee other, knee/lower leg degenerative joint disease, and chronic pain. Treatment plan included topical compound - to spread 1-2 pumps to affected area 2-3 times daily, and allow 20 minutes to absorb. On 12/17/2014 Utilization Review non-certified compound Medication - Ketoprofen 15%, Baclofen 2%, Cyclobenzaprine 3%, Gabapentin 10%, and Bupivacaine 2% - 240 Grams noting not medically necessary. The CA MTUS, ACOEM, and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication - Ketoprofen 15%, Baclofen 2%, Cyclobenzaprine 3%, Gabapentin 10%, Bupivacaine 2% - 240 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (knee/leg and chronic pain).

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

Decision rationale: This patient presents with ache, stabbing pain in the knee. The current request is for COMPOUND MEDICAITON KETOPROFEN 15%, BACLOFEN 2%, CYCLOBENZAPRINE 3%, and GABAPENTIN 10%, BUPIVACAINE 2%-240GRAMS. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Furthermore, Gabapentin and cyclobenzaprine is not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication IS NOT medically necessary.