

Case Number:	CM15-0145564		
Date Assigned:	08/06/2015	Date of Injury:	11/02/2010
Decision Date:	09/09/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/27/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on November 2, 2010, incurring right knee injuries. The injured worker had a prior right knee meniscal tear undergoing a meniscectomy and a fracture of the left foot undergoing a surgical open reduction and internal fixation. He was diagnosed with right knee re-aggravation status post meniscectomy. Treatment included topical analgesic cream in lieu of narcotic medication while he was working. Currently, the injured worker complained of persistent pain and a snapping feeling when he walked. He noted stiffness and numbness of his foot and weakness and swelling of the left ankle. The treatment plan that was requested for authorization included a retrospective request for a prescription for a topical analgesic compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketoprofen/Baclofen/Cyclobenzaprine/Gabapentin, DOS: 01/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time.