

Case Number:	CM15-0183179		
Date Assigned:	09/24/2015	Date of Injury:	09/02/2011
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/17/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female, who sustained an industrial injury on September 02, 2011. The injured worker was diagnosed with neck sprain and strain, cervical radiculopathy, status post right knee arthroscopy, and shoulder tendinitis. Treatment and diagnostic studies to date has included medication regimen, physical therapy, x-rays, status post right knee arthroscopy May 10, 2013, acupuncture, status post right cervical four to five and five to six epidural steroid injection, laboratory studies, use of a cane, use of a brace to the right knee, and use of a brace to the right wrist. In a progress note dated August 11, 2015 the treating physician reports complaints of pain to the cervical spine that radiates to the right upper extremity, pain to the shoulders, hands, and the right knee, along with complaints of headaches and weakness. On August 11, 2015, the injured worker's medication regimen included Tramadol and Amitriptyline since at least March 2015. On August 11, 2015 the injured worker's pain level was rated a 9 out of 10 without the use of the injured worker's medication regimen, with the treating physician noting "modest pain improvement with the use of Tramadol", but the progress note did not indicate the injured worker's pain level on the visual analog scale after the use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. The request for authorization from August 21, 2015 requested the medication Ketoprofen 15%, Gabapentin 10%, Lidocaine 10% 240ml, but the documentation provided did not indicate the specific reason for the requested medication. On August 28, 2015, the Utilization Review determined the request for Ketoprofen 15%, Gabapentin 10%, Lidocaine 10% 240ml to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15%, Gabapentin 10%, Lidocaine 10% 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. 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 recommended for neuropathic pain when trials of antidepressants and anticonvulsants 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." MTUS states that topical Gabapentin is not recommended. And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." 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." As such, the request for Ketoprofen 15%, Gabapentin 10%, Lidocaine 10% 240ml is not medically necessary.