

Case Number:	CM15-0056288		
Date Assigned:	04/01/2015	Date of Injury:	03/01/2012
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 year old male who sustained a work related injury on March 1, 2012, developing pain to hands, left shoulder and right knee due to repetitive activities. He was diagnosed with carpal tunnel syndrome and bursitis with tendonitis of the wrists, right knee meniscus tear, and a partial tear and bursitis with tendonitis of the left shoulder. Treatment included cortisone injections, carpal tunnel release, acupuncture sessions and medications. Currently, the injured worker complained of continued right hand pain, swelling, numbness and stiffness. The treatment plan that was requested for authorization included a prescription for Lidocaine, Ketoprofen, and Gabapentin Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%, Ketoprofen 10%, Gabapentin 10% cream, 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs, Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for Ketoprofen/ Gabapentin/Lidocaine cream is not medically necessary.