

Case Number:	CM14-0142541		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2013
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is represented [REDACTED] employee who has filed a claim for major depressive disorder, anxiety disorder, and crush injury and partial amputation of several digits, reportedly sustained on March 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounded agents; multiple amputation or partial amputation of the digits; psychotropic medications; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated August 21, 2014, the claims administrator partially approved a request for Ultracet and denied a request for gaba/lido/keto cream outright. The applicant's attorney subsequently appealed. In a progress note dated August 29, 2014, the applicant apparently presented for internal medicine evaluation to further evaluate complaints of chest pain and shortness of breath, which the evaluator attributed to underlying anxiety issues. In a handwritten progress note dated August 11, 2014, the applicant reported 3/10 hand pain. Motion and strength about the injured digits were diminished. The applicant still had issues with stress, anxiety, and depression owing to difficulty performing gripping and grasping activities. Work restrictions were endorsed, although it did not appear the applicant was working. The applicant was apparently given prescriptions of Ultracet and topical compounded gabapentin-ketoprofen-lidocaine cream. Both psychiatry and psychological evaluations were sought. There was no explicit discussion of medication efficacy. Both the medications at issue were apparently refilled on July 16, 2014, through another handwritten note. The applicant was again described as having issues with weakness, difficulty gripping and grasping, and 4/10 pain. Once again, there was no explicit (or implicit) discussion of medications efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETOLIDO CREAM Cr 240mg 1 refill: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.