

Case Number:	CM14-0152893		
Date Assigned:	09/23/2014	Date of Injury:	04/03/2003
Decision Date:	05/01/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male who sustained an industrial injury on 04/03/03. Initial complaints and diagnoses are not available. Treatments to date include medications and knee surgeries. Diagnostic studies include x-rays of the lumbar spine MRI of the right knee and cervical and lumbar spine. Current complaints include low back, cervical, hip, chronic knee and bilateral arm pain. In a progress note dated 08/21/14 the treating provider reports the plan of care as medications including Norco, Lyrica, famotidine, Nucynta, Naprosyn, and gabapentin/lidocaine cream, as well as a MRI of the cervical spine and a second opinion for his knee. The requested treatment is gabapentin/ketoprofen/lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Gabapentin 7% Ketoprofen 10% Lidocaine 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, methyl salicylate, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy including gabapentin. The guidelines indicate that any compounded product that contains at least one drug that is not recommended, then the entire compound is not recommended. As gabapentin is not indicated, this request for gabapentin/ketoprofen/lidocaine is not medically necessary. With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." In this context there may be an indication for short-term usage of ketoprofen for the injured employees knee pain. However, as previously stated, the guidelines indicate that any compounded product that contains at least one drug that is not recommended, then the entire compound is not recommended. Regarding topical lidocaine, MTUS states (p112) "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudts, 1995)" Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.