

Case Number:	CM14-0216978		
Date Assigned:	01/06/2015	Date of Injury:	05/29/1996
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 73 year old male with the injury date of 05/29/96. Per physician's report 11/07/14, the patient has low back pain at 7/10 and left knee pain at 5/10. The patient has tried the left knee brace with slight improvement and physical therapy. Topical Voltaren regimen relieved his pain mildly. There is vague deformity, significant joint hypertrophy and mild swelling over the left knee. The range of his left knee is from 0 to 110 degrees. The lists of diagnoses are: 1) Lumbosacral spondylosis. 2) Bilateral osteoarthritis of the knees. 3) S/P right knee total knee arthroplasty. 4) Flared back and knee pain Per 09/30/14 progress report, the patient has bilateral knee pain, right worse than left. His left knee locks up. His lower back pain radiates down to his right knee. The patient states that Voltaren cream doesn't have lasting effects for pain reduction. There is palpation over the lower lumbar area, maximal around L5-S1. Total knee arthroplasty may be a consideration on the left side. Per 08/15/14 progress report, the patient had left knee cortisone injection a month ago, which reduced his pain from 8/10 to 6/10. He rates his right knee pain as 4/10. The patient is taking Ibuprofen and Biofreeze topical on his affected knee. Per 07/18/14 progress report, the patient has left knee pain at 8/10, aggravated by his walking or standing. Ibuprofen relieved his pain mildly. He currently takes Ibuprofen and is advised to continue NSAIDs by his GI physician. The patient is retired. The utilization review determination being challenged is dated on 12/08/14. Treatment reports were provided from 06/24/13 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication; ketoprofen 5%, lidocaine 5% and gabapentin 5%, quantity 3:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents pain and weakness in his lower back and both of his knees. The request is for compounding medication ketoprofen 5%, lidocaine 5% and gabapentin 5%, 30 day supply with two refills. The patient is currently utilizing topical Voltaren cream. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS guidelines do not recommend Gabapentin as topical cream. Furthermore, the MTUS guidelines page 112 on topical lidocaine do not allow any other formulation of Lidocaine other than in patch form. The request is not medically necessary.