

Case Number:	CM15-0019179		
Date Assigned:	02/09/2015	Date of Injury:	09/05/2009
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, Florida

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 57 year old female who sustained an industrial injury on 9/5/09. The injured worker reported symptoms in the right knee. The diagnoses included right knee osteoarthritis. Treatments to date include right total knee replacement on 10/1/14, physical therapy and oral pain medications. In a progress note dated 1/6/15 the treating provider reports the injured worker was improving and reasonably active. The patient reported significant improvement in function with the physical therapy treatments. The medications listed are Motrin and Protonix. On 1/22/15 Utilization Review non-certified the request for Gabapentin/Ketoprofen/Lidocaine/Sterile water solution irrigation/Ethoxy liquid Diglycol/Dimethyl solution sulfoxide. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Ketoprofen/Lidocaine/Sterile water solution irrigation/Ethoxy liquid Diglycol/Dimethyl solution sulfoxide: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical compound products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient is status post knee replacement. The utilization of multiple NSAIDs is associated with increased risk of cardiac, renal and gastrointestinal complications. The patient is utilizing oral Motrin concurrently. The use of topical Ketoprofen is associated with the development of photosensitive dermatitis. There is lack of guidelines support for the use of Gabapentin in topical formulation for the treatment of osteoarthritis. It is recommended that topical products be utilized and evaluated individually for efficacy. The criteria for the use of Gabapentin/Ketoprofen/Lidocaine Sterile water solution irrigation Ethoxy liquid Diglycol / Dimethyl solution sulfoxide was not met.