

Case Number:	CM15-0128841		
Date Assigned:	07/20/2015	Date of Injury:	11/25/2012
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: California
Certification(s)/Specialty: Emergency 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 59 year old male who sustained an industrial injury on November 25, 2012. She has reported injury to the left leg and has been diagnosed with eight months status post arthroscopic meniscectomy and chondroplasty of the left knee and osteochondral lesion with chondromalacia of the medial femoral condyle and patellofemoral joint left knee. Treatment has included medications, injections, surgery, and physical therapy. Examination of the left knee reveals healed arthroscopic portals. There was still a significant amount of quadriceps atrophy particularly the VMO on the left side. There was a little crepitus with the range of motion of 120 degrees. There was no gross instability. The treatment request included topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 2% in trigger point gel with Aloe Vera 0.5%, Emu 30%, Capsaicin (Natural 0.025%, Menthol 10%, Camphor 5 gel) 60g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

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

Decision rationale: The request is for gabapentin, lidocaine trigger point gel with Aloe Vera, Emu, Capsaicin, which is a topical compound applied to the skin. Topical analgesics are recommended as an option in specific situations. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this instance, gabapentin is not recommended. There is no peer-reviewed literature to support use. Therefore, the request as written is not supported by the MTUS, has no proven benefit, and is not medically necessary.

Ketoprofen 15%, Lidocaine 1%, Tramadol 5%, Capsaicin (Natural 0.0125% in KN) 60gm:
Upheld

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

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

Decision rationale: The request is for Ketoprofen 15%, Lidocaine 1%, Tramadol 5%, Capsaicin (Natural 0.0125% in KN) 60gm, which is a topical compound applied to the skin for pain relief. Topical analgesics are recommended only as an option in specific situations. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this instance, per the MTUS guidelines, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Therefore, the combination is not supported by the MTUS guidelines, has no proven benefit, and is not medically necessary.