

Case Number:	CM15-0129722		
Date Assigned:	07/16/2015	Date of Injury:	05/18/2010
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 58-year-old female who sustained an industrial injury on 05/18/2010. Current diagnoses include status post left total knee arthroplasty and right knee internal derangement with meniscus tear. Previous treatments included physical therapy, left knee surgery, and home exercise program. Report dated 11/17/2014 noted that the injured worker presented with complaints that included bilateral knee pain, right knee giving way, and left knee weakness. Pain level was not included. Physical examination was positive for an antalgic gait, medial joint line-right knee, and positive McMurray's click. The treatment plan included education on antibiotic prophylaxis, continue home exercise, request for right knee surgery was authorized and pending scheduling, discussed the benefits of surgery, and follow up after surgery. Of note there were not recent medical records submitted for review. Disputed treatments include KGL Cream: Ketoprofen 15%, Gabapentin 10%, and Lidocaine 10%, 240gm 20 days' supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL Cream: Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%, 240gm 20 days supply; AAA 2-3g TID-QID+UD, refills 0: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains: Ketoprofen 15%, Gabapentin 10%, and Lidocaine 10%. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photo-contact dermatitis. Gabapentin is not recommended as a topical agent per CA MTUS guidelines, and there is no peer-reviewed literature to support its use. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.