

Case Number:	CM15-0090588		
Date Assigned:	05/14/2015	Date of Injury:	08/10/2006
Decision Date:	08/04/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year old female who sustained an industrial injury on 08/10/06. Initial complaints and diagnoses are not available. Treatments to date include medications, left knee surgery, lumbosacral orthotic brace, therapy, and a TENS unit. Diagnostic studies are not addressed. Current complaints include bilateral knee pain, low back and left hip pain. Current diagnoses include left knee arthroscopic medial and lateral discectomy. In a progress note dated 03/23/15, the treating provider reports the plan of care as acupuncture to the left knee, medications including hydrocodone, naproxen, and cyclobenzaprine, as well as gabapentin cream. The requested treatments include a compound of ketoprofen/gabapentin/bupivacaine /fluticasone/baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

The pharmacy purchase of Ketoprofen/Gabapentin/Bupivacaine/Fluticasone/Baclofen compound pain cream: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment Guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not appropriate. The compounded product drug ketoprofen is not recommended as topical analgesic by MTUS guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Ketoprofen/Gabapentin/Bupivacaine/Fluticasone/Baclofen compound pain cream is not medically necessary.