

Case Number:	CM15-0099560		
Date Assigned:	06/02/2015	Date of Injury:	05/01/2008
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old male, who sustained an industrial injury on 05/01/2008. According to a progress report dated 05/06/2015, the injured worker complained of low back pain with right lower extremity symptoms. Pain level was rated 6 on a scale of 1-10. Cervical pain was rated 7. Right shoulder pain was rated 6. Left shoulder pain was rated 5. Right and left wrist/hand pain was rated 5 and knee pain was rated 7. He complained of increased weakness in the upper extremities. The provider noted that a topical anti-epileptic drug was efficacious, facilitating 5 point diminution in neuropathy pain with improved tolerance to a variety of activity including standing and walking, 30% time. Medication regimen included Hydrocodone, Tramadol, Pantoprazole and Ibuprofen. Diagnoses included right knee chondromalacia patella with medial and lateral meniscus tears and tears of anterior and posterior cruciate ligaments, Baker's cyst right knee, status post remote lumbar decompression, low back pain with right lower extremity symptoms and rule out right shoulder impingement rotator cuff pathology. The treatment plan included authorization request for right knee arthroscopy, MRI of the right shoulder and reconsideration for approval for topical antiepileptic drug Gabapentin 300 grams apply 3 times a day. The injured worker failed oral antiepileptic drug and antidepressant. Prescriptions were given for Hydrocodone, Tramadol and Pantoprazole. The injured worker was permanent and stationary. Currently under review is the request for compound: Ketoprofen/Gabapentin/Bupivacaine/Baclofen/Cyclobenzaprine 300 grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofe/Gabapenti/Bupivacai/Baclofen/Cyclob #300 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in May 2008 and continues to be treated for chronic pain. When seen, he was having neck, bilateral shoulder, bilateral wrist and hand, and right knee pain. He was having low back pain with right lower extremity radicular symptoms. Medications being prescribed included hydrocodone, tramadol, Naproxen, and Pantoprazole. There was decreased cervical spine range of motion with tenderness and decreased right shoulder range of motion with tenderness. There was decreased knee range of motion with positive patellar compression testing and tenderness. In terms of topical treatments, Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.