

Case Number:	CM14-0154597		
Date Assigned:	09/24/2014	Date of Injury:	06/28/2007
Decision Date:	11/04/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported injury on 06/28/2007 reportedly when her client pushed a heavy-duty hospital bed on top of her right foot and broke her right foot. The injured worker's treatment history included medications, surgery, physical therapy, topical creams, MRI studies, urine drug screenings, EMG/NCV studies, Functional Capacity Evaluation, and physical therapy sessions. Injured worker was evaluated on 08/21/2014 and it was documented that the injured worker complained of right hip, and knee pain. Her knee pain was rated at 9/10 on the pain scale. The rest of the progress report that was submitted by the provider was illegible. This included lumbago, lumbosacral neuritis, abnormality of gait, joint pain in shoulder, insomnia, joint pain in left leg, joint pain in pelvis, backache, joint pain in ankle, chronic pain syndrome, sprained lumbar region, neuralgia/neuritis, and sleep disturbance. Medications included topical cream. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabaketolido Cream, 240 gm. with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Ketoprofen, Lidocaine; Gabapentin Page(s): 111; 112; 113.

Decision rationale: The requested is not medically necessary. California MTUS indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application...Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. The California MTUS guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request that was submitted failed to include the body location where topical cream is supposed to be applied for the injured worker. Additionally, it failed to indicate her failing trials of antidepressants and anticonvulsants. As such, the request for Gabapentin cream, apply BID 240 gm. with one refill is not medically necessary.