

Case Number:	CM13-0020559		
Date Assigned:	10/02/2013	Date of Injury:	02/19/2004
Decision Date:	01/27/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 71-year-old male who sustained a work-related injury on 02/19/2004. The most recent progress report dated 08/14/2014 documented subjective complaints of ongoing low back pain with weakness to the lower extremities. Objective findings revealed a well healed posterior lumbar incision, tenderness to palpation, reduced range of motion, a very slow and antalgic gait, and the inability to accomplish heel/toe walk without severe pain. The treatment plan included pending authorization for hardware block, request for authorization of a TENS unit, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Ketoprofen/Lidocaine 6/20/6.15% cream #240gm: Upheld

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

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

Decision rationale: : California MTUS Guidelines state topical ointments are largely experimental and have not been shown in properly randomized controlled clinical trials to be effective. Additionally, guidelines do not support the use of topical Lidoderm other than in the

formulation of a dermal patch for postherpetic neuralgia. As such, if one of the medications in a compound is not recommended, the topical compound as a whole cannot be recommended. Therefore, the request for gabapentin/ketoprofen/lidocaine 6/20/6.15% cream #240gm is non-certified.