

<b>Case Number:</b>	CM13-0028225		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio and Pennsylvania. 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 underlying date of injury in this case is 03/31/2005. This is a 66-year-old woman with chronic low back pain radiating down both legs. An initial physician review noted that the medical records did not support the conclusion that each ingredient in the requested topical medication was medically necessary. Additionally, this review concluded that the requested chiropractic treatment was not medically necessary. A treating physician's comprehensive orthopedic reevaluation note of 08/22/2013 notes that the patient had back pain radiating down the legs and that the patient had not been going to therapy regularly but chiropractic gives relief and she wanted to continue to use it as needed. The patient was not working and was receiving Social Security benefits. The patient was using Tramadol extended release for pain as well as Prilosec to protect the stomach and topical Ketoprofen/Gabapentin/Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**topical cream (Gabapentin/Ketoprofen/Tramadol) compound:** 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:** The Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state, "Any compounded product that contains at least one drug that is not recommended is not recommended...Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis...Gabapentin: Not recommended. There is no peer review literature to support its use." Therefore, at least two component medications in this topical product are specifically not supported by the treatment guidelines. The records do not support an alternate rationale for this request. This request is not medically necessary.

**Twenty four (24) chiropractic manipulation sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, page 58, notes, "Elective/maintenance care - Not medically necessary." The medical records at this time describe a treatment plan for chiropractic which appears to be maintenance in nature. The medical records and guidelines do not provide an indication or rationale for ongoing chiropractic treatment, but rather these guidelines would recommend independent home rehabilitation in the current timeframe. This request is not medically necessary.