

Case Number:	CM13-0031237		
Date Assigned:	12/11/2013	Date of Injury:	06/08/2011
Decision Date:	03/04/2014	UR Denial Date:	07/31/2012
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management, has a subspecialty in Disability Management and is licensed to practice in California. 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 claimant is a 54-year-old, right-hand dominant food clerk at a supermarket whose job duties included stocking shelves and lifting boxes weighing approximately 30 pounds, who noted the gradual onset of low back pain as a result of his duties performed at work. He reported his injury and received physical therapy (approximately 24 sessions). He underwent x-rays as well as an MRI study. In addition, he has undergone sleep studies. He recalls having undergone electrodiagnostic testing. He has been under the care of [REDACTED] who has recommended epidural injections, though the claimant notes that these injections have been denied by the insurance company. He is presently treated with oral medication. In the primary treating physician permanent and stationary report dated 9/25/2013 states: On August 12, 2011 at 2:00 pm while employed by [REDACTED], this 53 Year-old right hand dominant male patient states he was working in the frozen food dept, lifting boxes pulling pallets, bending and stooping with cases of product. He started to develop neck, bilateral arm, low back and lateral heel pain. He notified his supervisor. He had an MRI done of the lumbar spine in August 2011 in [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical ointment with Ketoprofen and gabapentin for the lower back: 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): 111-113.

Decision rationale: The request for topical ointment with Ketoprofen and Gabapentin do not satisfy CA MTUS Guidelines. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications such as antidepressants, anti epileptics and or NSAIDs, prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Both topical Ketoprofen and Gabapentin are not supported by the guidelines. Therefore Ketoprofen and Gabapentin for lower back is not medically necessary.