

Case Number:	CM13-0032828		
Date Assigned:	12/06/2013	Date of Injury:	05/15/2000
Decision Date:	04/22/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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:

This 51 year-old male sustained an injury on 5/15/00 while employed by [REDACTED]. Request under consideration include Prospective Request for 1 Prescription of Gabaketolido 6/20/6.15% cream #240 gm. Report of 8/14/13 from the provider noted patient with ongoing low back pain with bad days having right lower extremity symptoms with numbness. Exam noted lumbar spine with tenderness, spasm, and tightness in the paraspinal muscles; motion is reduced with pain at end of range; gait is antalgic with heel/toe walk weakness on the right. Diagnoses included Chronic back pain s/p fusion; knee tendinopathy. Treatment plan included multiple medications. The above topical compound Gabaketolido cream was non-certified on 9/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabaketolido 6/20/6.15% cream #240gm: 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: This 51 year-old male sustained an injury on 5/15/00 while employed by [REDACTED]. Request under consideration include Prospective Request for 1 Prescription of Gabaketolido 6/20/6.15% cream #240 gm. Report of 8/14/13 from the provider noted patient with ongoing low back pain with bad days having right lower extremity symptoms with numbness. Exam noted lumbar spine with tenderness, spasm, and tightness in the paraspinal muscles; motion is reduced with pain at end of range; gait is antalgic with heel/toe walk weakness on the right. Diagnoses included Chronic back pain s/p fusion; knee tendinopathy. Treatment plan included multiple medications. Submitted reports have not adequately documented the indication and necessity of this topical analgesic for this 2000 injury with chronic pain whereby the patient is already taking multiple other oral pain medications. There is no demonstrated functional improvement from ongoing refills of medication. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Of particular note, Ketoprofen cream is an agent not currently FDA approved for a topical application due to an extremely high incidence of photo contact dermatitis. The Prospective Request for 1 Prescription of Gabaketolido 6/20/6.15% cream #240 gm is not medically necessary and appropriate.