

Case Number:	CM13-0040272		
Date Assigned:	03/03/2014	Date of Injury:	08/15/2007
Decision Date:	05/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 34-year-old male with an 8/15/07 date of injury. At the time (10/4/13) of the request for authorization for Gabaketo-L Transderm 5%/20%/6.15%, there is documentation of subjective (significant symptomatology in the neck and back into his upper and lower extremities) and objective (spasm, tightness, and tenderness over the paracervical and paralumbar musculature; limited range of motion; and mildly positive head compression sign) findings, current diagnoses (C4-C5 disc herniation, bilateral shoulder Final Determination Letter for IMR Case Number CM13-0040272 3 impingement, bilateral upper extremity overuse tendinopathy, and L4-L5 and L5-S1 disc herniation with lumbar radiculopathy), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETO- L 5% 20% 6.15% TRANSDERM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control. Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of diagnoses of C4-C5 disc herniation, bilateral shoulder impingement, bilateral upper extremity overuse tendinopathy, and L4-L5 and L5-S1 disc herniation with lumbar radiculopathy. However, the requested Gabaketo-L Transderm 5%/20%/6.15% contains at least one drug (ketoprofen and gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabaketo-L Transderm 5%/20%/6.15% is not medically necessary.