

Case Number:	CM13-0042833		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2010
Decision Date:	03/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 60 year old man who sustained a work related injury on June 16 2010. He subsequently developed a chronic back pain. According to the notes of April 10 2012 and May 22 2012, the patient was suffering from a chronic back pain. His physical examination demonstrated lumbar tenderness with reduced range of motion and dysesthesia in the territory of L5-S1 dermatoma. The patient was treated with muscle relaxants medications, ointment and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabapentin Powder DOS: 08/29/12: 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: According to MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product

that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin powder is not recommended as topical analgesics for chronic back pain. There is no documentation of failure or adverse reactions from a first line oral pain medications. Based on the above prescription of Gabapentin Powder DOS: 08/29/12 is not medically necessary.

Gabapentin Powder DOS: 09/28/12: 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: According to MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin powder is not recommended as topical analgesics for chronic back pain. There is no documentation of failure or adverse reactions from a first line oral pain medications. Based on the above prescription of Gabapentin Powder DOS: 09/28/12 is not medically necessary.

Ketoprofen Powder DOS: 08/29/12: 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: According to MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen Powder is not recommended as topical analgesics for chronic back pain. There is no documentation of failure or adverse reactions from a first line oral pain medications. Based on the above prescription of Ketoprofen Powder DOS: 08/29/12 is not medically necessary.