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| Case Number: | CM13-0061529 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/14/2012 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 & 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 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:

This 59 year-old female sustained an injury on 12/14/12 while employed by [REDACTED]. Request under consideration include Retrospective request for Keto/ Gaba for the cervical and lumbar spine 6/12/13. Report of 6/12/13 from provider noted patient's complaints were unchanged with exam findings to include decreased range in neck with 70 degrees flexion and lumbar flexion of 40 degrees. Diagnoses included lumbar spine stenosis; low back pain; cervicgia. There is an AME (Agreed Medical Examination) report dated 5/29/13 noting the patient has had MRIs of the brain, cervical and lumbar spine with treatment of physical therapy. Report of 6/19/13 from provider noted patient with neck pain and headaches. The patient was made Permanent and Stationary. Exam showed unchanged neck flexion range of 70 degrees with upper extremities muscle strength of 5/5 throughout. Diagnoses was C4-7 disc bulge with treatment plan to continue with home stretching exercises; Tramadol for severe pain; IF (Interferential) unit; and Ketoprofen and Gabapentin cream. Retrospective request above was non-certified on 11/7/13 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:

Decision for Compounded medications Ketoprofen/Gabapentin for the cervical and lumbar spine, Dispensed at 6/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: 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 photocontact dermatitis and Gabapentin topical is not recommended due to lack of support from peer-reviewed literature. Therefore, The Retrospective request for the Compounded medication Ketoprofen/Gabapentin for the cervical and lumbar spine, Dispensed at 6/12/13 is not medically necessary and appropriate.