

Case Number:	CM14-0011418		
Date Assigned:	02/21/2014	Date of Injury:	11/06/1997
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 53 year old male who is reported to have sustained work related injuries on November 6, 1997. It is reported on the date of injury, the injured worker was carrying a box with a coworker when a cubicle partition fell on his neck. It is reported that he has previously undergone an MRI of the cervical and lumbar spine in 1998 which revealed disc protrusions. He is noted to have been diagnosed with low back pain strain, headaches, and cervical disc disease at C4-5 and C5-6. Records indicate that the injured worker has been treated with oral medications, physical therapy, and acupuncture treatments. The record contains an MRI of the lumbar spine dated May 10, 2013. This study notes degenerative disease at L4-5 with facet arthropathy and ligamentum flavum hypertrophy which results in mild to moderate neuroforaminal and lateral recess narrowing. This causes mild mass effect on the exiting L4 and transiting L5 nerve roots. There is mild to moderate L5-S1 neuroforaminal narrowing with mild deformity of the exiting L5 nerve roots. Records indicate that on July 25, 2013 the injured worker underwent bilateral medial branch blocks at L4-5 and L5-S1. The record contains a document from [REDACTED] dated August 7, 2013. On this date, he reports that the injured worker has failed oral anti-inflammatory medications including Naproxen, Meloxicam, and Diclofenac. He reports that these medications were not effective and caused GI side effects. He subsequently recommends a trial of a compounded medication which includes Ketoprofen, Gabapentin, and Lidocaine. Per a clinical note dated September 4, 2013, it was reported that the injured worker has been trialed on this compounded medication. He reports approximately 3-4 hours of adequate pain control. He further notes that the injured worker has not had any benefit from Naproxen. The record contains a utilization review determination dated January 17, 2014 in which a request for Naproxen 550mg, #60 and KGL compounded cream were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL (KETOPROFEN, GABAPENTIN, LIDOCAINE) COMPOUNDING CREAM:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Per the submitted clinical records, the injured worker has chronic cervical and low back pain secondary a lifting event occurring on November 6, 1997. The California MTUS, The Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Gabapentin which has not been approved by the FDA for transdermal use. The request is not medically necessary.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 67

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: Per the submitted clinical records, the injured worker has chronic cervical and lumbar pain secondary to a lifting event occurring on the date of injury. The submitted clinical records clearly indicate that the injured worker has previously been trialed on Naproxen and had no benefit in multiple notes. As such, the continued use of this medication would not be clinically indicated secondary to the reported side effects and the lack of efficacy. The request is not medically necessary.