

Case Number:	CM14-0014719		
Date Assigned:	02/28/2014	Date of Injury:	10/16/2007
Decision Date:	07/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 10/16/2007. The mechanism of injury was not provided. The clinical note dated 10/22/2013 noted the injured worker presented with neck pain, upper back pain, and numbness in the bilateral arms. Examination of the neck revealed range of motion of 70 degrees of flexion and 70 degrees of extension. Prior treatments included an EMG and physical therapy to include aqua therapy to the neck and low back. The diagnoses were nonindustrial TMJ dysfunction, cervical radiculitis, and lumbar radiculitis. The provider recommended ketoprofen 15% plus gabapentin 10% plus Lidocaine 10% - KGL cream 120 gm. The provider's rationale was not included. The Request for Authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 15% + GABAPENTIN 10% + LIDOCAINE 10% - KGL CREAM, 120 GM: 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.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended, is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines state that Lidoderm is the only formulation of Lidocaine recommended. The guidelines state that ketoprofen is not currently FDA approved for topical application. Ketoprofen, gabapentin, and Lidocaine are not currently recommended. The provider's request did not indicate the frequency or the site to which the cream was indicated for. As such, the request is not medically necessary.