

Case Number:	CM14-0125661		
Date Assigned:	08/11/2014	Date of Injury:	03/25/2000
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 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:

The injured worker is a 56 year old female injured on 03/25/00 due to an undisclosed mechanism of injury. Diagnoses include bilateral sciatica improved with epidural steroid injection, neuropathic pain lumbar spine and lower extremities, status-post L5-S1 fusion, status-post spinal cord stimulator, lumbar spondylosis stenosis with facet syndrome, bilateral sacroiliac joint pain, status-post opioid detoxification completed on October of 2006, and depression secondary to chronic pain. Clinical note dated 06/24/14 indicates the injured worker presented complaining of increased low back pain with radiation in the left lower extremity described as electrical burning type pain as well as pain over the spinal cord stimulator IPG. The injured worker reported radicular pain had increased significantly over the prior 2 weeks with increasing difficulty with walking. The injured worker rated pain at 4/10 with the use of Nucynta and 7/10 without. The injured worker reported 50% improvement with the use of current medication regimen. Medication improved function including ability to participate in activities of daily living, self-care, shopping, light cooking, and light housekeeping. Medications included Nucynta, Norco, Lidoderm patch, Soma, Ambien, Lexapro, Zofran, Ibuprofen, Xanax, and KGL cream. Physical assessment revealed mildly antalgic gait, tenderness over the midline surgical scar and bilateral thoracic paraspinal musculature, moderate tenderness over localized area L5-S1 to light touch, some tenderness over sacroiliac region, decreased lumbar spine range of motion, positive straight leg raise on the left, muscle strength 5/5 on the right, weakness in the left lower extremity, hypesthesia in the left L5-S1 dermatomes, and Achilles reflex absent on the left and 2+ on the right. The initial request for topical compound cream KGL cream - Ketoprofen, Gabapentin, Lidocaine 240gm was initially non-certified on 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream: KGL Cream-Ketoprofen, Gabapentin and Lidocaine 240g:
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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Ketoprofen and Gabapentin which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore KGL Cream-Ketoprofen, Gabapentin and Lidocaine 240g is not medically necessary as it does not meet established and accepted medical guidelines.