MAXIMUS Federal Services

Case Number:	CM14-0134386		
Date Assigned:	08/27/2014	Date of Injury:	01/06/2012
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 60-year-old woman who sustained a work-related injury on January 6, 2012. She subsequently she developed with chronic back, neck and bilateral arm pain. The patient had an MRI of the C-spine performed on January 13, 2012 the which demonstrated the spinal stenosis, C3-6 disc protrusion. The patient underwent an MRI of the lumbar spine performed on February 28, 2012 which demonstrated the multiple facet hypertrophy and lumbar disc bulge. Her EMG study was suggestive of the C6-C7 root dysfunction, right median neuropathy at the wrists and bilateral ulnar neuropathy. Her physical examination demonstrated cervical tenderness with reduced range of motion, left Spurling's positive tests and positive foraminal compression. The provider requested authorization to use Gaba/Keto/Lido cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gaba/Keto/Lido Cream (Duration unknown and frequency twice daily) DOS: 6/16/14 and 6/17/14: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), 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 proven efficacy of topical application of the component of Gaba/Keto/Lido cream (Gabapentin, Ketoprofen, Lidocaine). Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of retrospective Gaba/Keto/Lido cream (duration unknown and frequency twice daily) DOS: 6/16/14 and 6/17/14 is not medically necessary.