

Case Number:	CM14-0138622		
Date Assigned:	09/12/2014	Date of Injury:	11/14/1996
Decision Date:	11/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 58-year-old woman who sustained a work related injury on November 14, 1996. Subsequently, she developed chronic back, neck, and left jaw pain. MRI of the lumbar spine performed on February 20, 2008 showed mild degenerative disease. There is evidence of diffusely decreased T1 signal of marrow. According to a progress report dated July 3, 2014, the patient reported continued to have left shoulder, neck, upper back, and chest pain with continued weakness of the leg and hip, and pain radiating down the left leg. She also reported persistent numbness/tingling of the hands. Her physical examination revealed tightness/spasms of bilateral upper trapezius muscles, tightness/spasms of bilateral lumbosacral paraspinal muscles, trigger points left buttocks. The patient was treated with Lidoderm patch, pain medications, Valium and NSAID without full resolution of the pain. The patient was diagnosed with chronic neck pain, chronic low back pain, and chronic left jaw pain. The provider requested authorization for Ketoprofen 20% and Gabapentin/Ketoprofen/Lidocaine compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Compound: Ketoprofen 20% 150gm (Date of service: 7/1/14): 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): (page 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 evidence that Ketoprofen gel is recommended as topical analgesics for chronic pain. Ketoprofen gel, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photo-contact dermatitis. Based on the above Ketoprofen 20% is not medically necessary.

Retro Compound: Gabapentin/Ketoprofen/Lidocaine 150gm (Date of service: 7/1/14):
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): (page 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 is not medically necessary.