

Case Number:	CM14-0139787		
Date Assigned:	09/08/2014	Date of Injury:	02/14/1997
Decision Date:	10/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency 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:

Patient with reported date of injury on 2/14/1997. Mechanism of injury was not provided for review. Patient has a diagnosis of Failed Lumbar Surgery Syndrome and chronic radiculopathy. Patient is post spinal L3-4, L5-S1 decompression surgery on 3/1997. Medical reports reviewed. Last report available until 8/28/14. Patient complains of back pains radiating to lower extremities. Improves with back flexion. Pain is 7-8/10 and improves to 5/10 with medications. Objective exam reveals tenderness to lumbar spine, spasms. Positive straight leg raise (side was not noted). Antalgic gait. No imaging or electrodiagnostic reports were provided for review. Medication list include Lidocaine patches, Lyrica, Oxycontin, Amitriptyline, Terocin analgesic patches and Omeprazole. Independent Medical Review is for compound (Keto/Lido/Gaba/Cyclo 10%/4%/6%/2%) # 1. Prior UR on 7/28/14 recommended not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound (Keto/Lido/Gaba/Cyclo 10%/4%/6%/2%) qty: 1: 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): 111-113.

Decision rationale: The compounded ointment contains Ketoprofen, Lidocaine, Gabapentin, and Cyclobenzaprine. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Ketoprofen: Not FDA approved for topical applications. Use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. 2) Lidocaine: Only recommended for neuropathic pain. No documentation on where this is to be used or diagnosis of neuropathic pain. Not recommended. 3) Gabapentin: Gabapentin is an anti-epileptic. As per MTUS guidelines it is not recommended with any evidence to support its use as a topical product. It is not recommended. 4) Cyclobenzaprine: Not recommended for topical application. Since all components of the compound are not medically necessary, the compounded product requested is not medically necessary.