

Case Number:	CM14-0192128		
Date Assigned:	11/25/2014	Date of Injury:	02/16/2005
Decision Date:	01/12/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/17/2014

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 Management 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:

According to the records made available for review, this is a 41-year-old male with a 2/16/05 date of injury. The (10/30/14) request is for authorization of KGL Cream #240. There is documentation of subjective (low back pain radiating to the lower extremities) and objective (tenderness to palpation over the paraspinal muscles with minimal spasms and decreased range of motion of the lumbar spine) findings. The current diagnoses includes degenerative disc disease at L5-S1 with persistent low back pain, status post lumbar fusion, and left lower extremity radiculopathy. The treatment to date includes physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL Cream #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ambrosiahc.com/wp-content/themes/ambrosiahealthcare/pdf/crx.pdf>

Decision rationale: An online source identifies KGL Cream as a compound cream containing Ketoprofen, Gabapentin, and Lidocaine. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as mono-therapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease at L5-S1 with persistent low back pain, status post lumbar fusion, and left lower extremity radiculopathy. However, the requested KGL Cream contains at least one drug (Lidocaine and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for KGL Cream #240 is not medically necessary.