

Case Number:	CM14-0042555		
Date Assigned:	06/30/2014	Date of Injury:	06/21/2007
Decision Date:	08/20/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 43 year old female who reported an injury 06/21/07, to her lower back with radiating pain into the lower extremities. Clinical note dated 06/03/10 indicates the injured worker stating that the initial injury occurred when she had a slip and fall on a wet floor resulting in low back and lower extremity pain. Clinical note indicates the injured worker having previously undergone physical therapy. The note does indicate the injured worker complaining of low back pain with a burning, numbness, and stabbing sensation as well as the feeling of pins and needles in the lower extremities. The injured worker also reported a cracking and grinding of the right knee. The clinical note dated 06/18/13 indicates the injured worker continuing with lumbar region pain. It appears the injured worker returned to work with a lifting restriction placed no more than 15 pounds. The injured worker was being recommended for a psychological evaluation in order for a spinal cord stimulator placement. The clinical note dated 11/19/13 indicates the injured worker rating her low back pain as 8/10. The injured worker was being recommended for 12 sessions of physical therapy at that time. The utilization review dated 03/05/14 resulted in a denial for the use of a compounded medication involving Ketoprofen and Gabapentin as both these oral medications are approved for oral use only. Additionally guidelines do not support the routine use of compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Keto/Gaba?Lido, DOS 1/31/2014, for right wrist, back and right knee: 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 111 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. There is no indication in the documentation that these types of medications have been trialed and/or 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. The uses of gabapentin and ketoprofen have not been approved for topical 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 this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.