

Case Number:	CM14-0073544		
Date Assigned:	07/16/2014	Date of Injury:	04/19/1997
Decision Date:	08/28/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 66-year-old female who reported an injury after she slipped and fell on 04/19/1997. The clinical note dated 03/19/2014 indicated diagnoses of thoracic radiculopathy secondary to a T12 compression fracture, deformity with loss of 50% vertebral height, severe cervical degenerative disc disease with spondylosis at C5-6 and C6-7, cervicogenic headaches, multilevel lumbar degenerative disc disease with spondylosis at L3-4, L4-5 and L5-S1 with left lower extremity radiculopathy, status post left knee medial meniscectomy dated 07/08/1997 and repeat on 04/05/2002 and a left total knee replacement dated 03/02/2010 and left foot status post multiple surgical interventions. The injured worker reported pain over the thoracolumbar junction with radiation along the lower rib line. The injured worker reported a burning pain that wrapped around the chest wall with neck pain associated with headaches and radicular symptoms into the left upper extremity. The injured worker reported that her low back pain had improved, and she no longer experienced any radicular symptoms following the epidural injection dated 01/09/2014. The injured worker reported that her pain was rated at 6- 7/10 over the thoracolumbar junction and neck pain and headaches. The injured worker reported that her low back pain and lower extremity symptoms were minimal, at 1- 2/10; and without medications, her pain level was severe, at 10/10. The injured worker reported that she continued to have approximately a 40% improvement in pain with her medications, primarily with the headaches and neck pain. The injured worker reported that the low back pain was improved. The injured worker reported significant functional improvement, including the ability to participate in activities of daily living and increased ability to sit, stand and walk. The injured worker reported that those activities had improved by approximately 60% to 70% following her epidural injection. The injured worker denied any side effects from the current medications and had

signed an opiate contract. The injured worker did not demonstrate any drug-seeking behaviors. On physical examination of the cervical spine, the injured worker had moderate bilateral cervical paraspinous tenderness that extended to the trapezius and rhomboid regions. The cervical spine range of motion was decreased. Examination of the lumbar spine revealed tenderness over the thoracolumbar junction with hyperesthesia over the lower rib line posteriorly with mild bilateral lumbar paraspinous tenderness over the thoracolumbar junction. The lumbar spine range of motion was decreased. The injured worker's prior treatments included diagnostic imaging surgery and medication management. The injured worker's medication regimen included Norco and Maxalt as well as omeprazole. The injured worker's treatment plan included the continuation of Norco and Maxalt, a random urine drug screen and authorization for a T12-L1 epidural steroid. The provider submitted a request for a trial of ketoprofen/gabapentin/lidocaine compound cream. A Request for Authorization was not submitted for review, to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial ketoprofen 15%, Gabapentin 10%, lidocaine 10% compound cream 240g: 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): 111-113.

Decision rationale: The request for trial of Ketoprofen 15%, Gabapentin 10%, and Lidocaine 10% compound cream 240g is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Primary has recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. The compound also included topical Ketamine, which is under study and is only recommended in treatment of neuropathic pain, which is refractory to all primary and secondary treatment. Gabapentin is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, ketoprofen is not currently FDA-approved as a topical agent, and ketoprofen contains ketamine, which is under study. Moreover, gabapentin is not recommended. There is no peer-reviewed literature to support its use. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) by the

injured worker. Furthermore, the request did not indicate a frequency or quantity for the medication. Moreover, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.