

Case Number:	CM14-0083518		
Date Assigned:	06/06/2014	Date of Injury:	08/30/2002
Decision Date:	07/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 08/30/2002. The reported injury occurred when he was stepping on a board. The injured worker diagnoses included closed head injury, chronic low back pain with lumbar disc disease, right knee medial meniscus tear, compensatory left knee pain and bilateral plantar fasciitis. The day following arthroscopic knee surgery on 01/07/2003, he suffered a stroke. When evaluated on 01/31/2014, he was taking one Norco per day along with transdermal medication for pain. On 04/03/2014 he rated his lower extremities pain at 6/10, neck pain at 5/10 and bilateral knee pain at 4/10 on a pain scale. It was not stated if these values were with or without analgesic therapy. A motor exam was felt to be essentially normal. The injured workers strength was inhibited secondary to pain, but no gross weakness was appreciated. An MRI of the cervical spine was recommended due to increased neck pain along with the continuation of topical medication. There was no request for authorization or rationale found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

A GABA-KETO-LIDO 6% / 20% 6.15% CREAM FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 78 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Gaba-Keto-Lido 6%/20% 6.15% cream for the lumbar spine is not medically necessary. The majority of the submitted documentation addresses cervical pain, knee pain and his post-surgical stroke. His lumbar status is mentioned briefly in passing. The California MTUS Chronic Pain Medical Treatment Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended for use. Specifically, gabapentin is not recommended. Nonsteroidal anti-inflammatory drugs (NSAIDs), like Ketoprofen, are not recommended for neuropathic pain. Any form of topical lidocaine other than in the formation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Guidelines indicate that Ketoprofen is not currently FDA approved for a topical application. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Additionally there are no instructions for application dosage in the request. For these reasons, the request for Gaba-Keto-Lido 6%/20% 6.15% cream for the lumbar spine is not medically necessary.