

Case Number:	CM14-0096019		
Date Assigned:	07/25/2014	Date of Injury:	11/26/2008
Decision Date:	10/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 records, presented for review, indicate that this 40 year old gentleman was reportedly injured on November 26, 2008. The mechanism of injury is undisclosed. The most recent progress note, dated April 30, 2014, indicated that there were ongoing complaints of low back pain radiating to the right and left leg. Current medications include Tizanidine, Tramadol, and Norco. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles from L3 to S1 as well as over the paravertebral joints, decreased lumbar spine range of motion with pain, and lower extremity neurological examination was normal. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included an L5 to S1 laminectomy and discectomy, acupuncture, epidural steroid injections, physical therapy, and medial branch blocks. A request was made for a compound of Ketoprofen/ Gabapentin/ Lidocaine and was not certified in the preauthorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Compound topical analgesic - ketoprofen, gabapentin, lidocaine cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include antiinflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents to include Gabapentin. Per the Medical Treatment Utilization Schedule (MTUS), when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for a compound of Ketoprofen/Gabapentin/Lidocaine is not medically necessary.