

Case Number:	CM14-0137640		
Date Assigned:	03/19/2015	Date of Injury:	04/22/2008
Decision Date:	04/15/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37-year-old male patient, who sustained an industrial injury on 04/22/2008. A urine drug screening obtained 07/30/2014, reported findings consistent with prescribed regimen regarding the medication Hydrocodone, but the medications Cyclobenzaprine and Hydromorphone found inconsistent with prescribed noting negative results for Flexiril and positive findings for Hydromorphone. A primary treating office visit dated 08/28/2014 reported the patient stable on medication regimen to include; Hydrocodone, Gabapentin, Naproxen, Omeprazole and Narcosoft. He was also given a topical cream last visit, consisting of Gabapentin, Ketoprofen and Lidocaine which has offered him some ability to sleep. Accepted body parts are to include the lumbar spine, thoracic spine and bilateral legs. Physical examination found he had extreme stiffness in his low back with radiation down his right leg. He also has pain in his mid thorax, right at T5-6. He also states pain in his thorax and all the way around to his anterior chest at T5 level. He has numbness in his right leg accompanied with shooting pain down his right leg. Magnetic resonance imaging results pending. The impression noted lumbar discogenic disease L4-5 and L5-S1 with radicular loss at L4-5 on the right and decreased on the right abductor hallucis longus, foot flexor and positive leg lift on right. He had thoracic pain with pain going all the way on the T5 level, anteriorly to the front of chest. Follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/ Ketoprofen/ Lidocaine cream, 7/10/5%, 30 grams #1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 7%, Ketoprofen 10%, and Lidocaine 5% cream #30 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Ketoprofen is not FDA approved for topical use. Gabapentin is not recommended. In this case, the injured worker's working diagnoses are lumbar discogenic disease L4 - L5 and L5 - S1; and thoracic pain with pain going all the way to the T5 level all the way anteriorly to the front of the chest. The treating physicians clinical indication for a topical analgesic was, reportedly, because some of the medications irritating to the stomach. The topical analgesic was to provide pain relief over the side of the injury, especially muscle spasm of the latissimus dorsi. Topical analgesics do not provide pain relief due to muscle spasm. Topical analgesics are indicated for pain with a neuropathic etiology. Any compounded product that contains at least one drug (topical gabapentin, lidocaine cream, and ketoprofen-not FDA approved for topical use) that is not recommended is not recommended. Consequently, Gabapentin 7%, Ketoprofen 10%, and Lidocaine 5% cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabapentin 7%, Ketoprofen 10%, and Lidocaine 5% cream #30 g is not medically necessary.