

Case Number:	CM14-0140581		
Date Assigned:	09/10/2014	Date of Injury:	05/30/2012
Decision Date:	01/29/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY 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:

According to the records made available for review, this is a 58-year-old female with a 5/30/12 date of injury. At the time (7/31/14) of the Decision for Ketoprofen 10%/Gabapentin 10%/Lidocaine 10%/Steril WA/Ethox, Day supply 30, qty 360 with no refills, there is documentation of subjective (low back and bilateral leg pain) and objective (decreased lumbar range of motion) findings, current diagnoses (status post lumbar decompression and fusion), and treatment to date (medications (including ongoing treatment with Norco, Ultram, and Restoril)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%/Gabapentin 10%/Lidocaine 10%/Steril WA/Ethox, Day supply 30, qty 360 with no refills: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen,

lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of status post lumbar decompression and fusion. However, the requested Ketoprofen 10%/Gabapentin 10%/Lidocaine 10%/Steril WA/Ethox contains at least one drug (Ketoprofen, Gabapentin, and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen 10%/Gabapentin 10%/Lidocaine 10%/Steril WA/Ethox, Day supply 30, qty 360 with no refills is not medically necessary.