

Case Number:	CM14-0187964		
Date Assigned:	11/18/2014	Date of Injury:	02/26/2008
Decision Date:	01/07/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 47-year-old man who sustained a work-related injury on February 26, 2008. Subsequently, the patient developed chronic low back pain. The patient underwent a lumbar laminectomy in 2008 and a lumbar fusion L4-5 in 2010. The patient was treated for pain management and underwent opioid detoxification program from March to April of 2014. The patient had severe pain that he stated he had no choice but to continue to utilize opioid medication. According to a progress report dated October 30, 2014, the patient remained symptomatic with low back pain that radiates into both lower extremities, right greater than left. The pain radiates into the right buttock, posterior thigh, and calf. He described burning, hot, and electrical pain. He rated his pain as a 6/10 with the use of medications and 10/10 without medications. There is no evidence of drug-seeking behavior. Urine drug screening demonstrates evidence of compliance with prescribed medications. Examination of the lumbar spine revealed moderate bilateral lumbar paraspinous tenderness from L1 to S1. He had 1-2+ muscle spasms with positive twitch response. Range of motion was limited by pain. The patient had a positive straight leg raise exam on the right at 40 degrees. Sensory exam revealed hypesthesia in the right S1 dermatome. Patellar reflex was 2+ and symmetrical bilaterally. Achilles reflex was trace on the right and 2+ on the left. The patient was diagnosed with status post large disc herniation at L4-5, residual chronic low back pain with right lower extremity radiculopathy, and depression. The provider requested authorization for Gabapentin compound, Ketoprofen, Lidocaine HCL, Carbitol Dimethyl Sulfoxide Versatile cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin compound, Ketoprofen, Lidocaine HCL, Carbitol Dimethyl Sulfoxide Versatile cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Compound Drugs

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for Gabapentin compound, Ketoprofen, Lidocaine HCL, Carbitol Dimethyl Sulfoxide Versatile cream base is not medically necessary.