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| Case Number: | CM14-0187971 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 01/26/2012 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/31/2014 |
| 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 Occupational Medicine 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:

This individual is a 51 y/o female who developed chronic low back pain after a lifting injury on 1/26/12. She reports VAS pain scores of 8-9/10. The pain is described as burning and radiates into both lower extremities. Neurologic function is intact; MRI scanning reveals lower lumbar DDD, but no central or foraminal stenosis. The recent medical exam is consistent with possible sacroiliac inflammation. Oral medications consist of Norflex and Neurontin. SI joint injections have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication 0 Ketoprofen/PCCA Lipo/Cyclobenz/Gabapenti/trama, 240 count with five refills: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific regarding topical analgesics. The Guidelines state that if an ingredient is not FDA approved for topical pain relief the compound containing this ingredient is not recommended. Guidelines specifically do not recommend

topical Ketoprofen, topical Cyclobenzaprine, or topical Gabapentin. The Compound medication Ketoprofen/PCCA Lipo/Cyclobenz/Gabapenti/tramadol, 240gms with five refills is not Guideline supported and is not medically necessary.