

Case Number:	CM14-0194396		
Date Assigned:	12/02/2014	Date of Injury:	06/30/2013
Decision Date:	04/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on 6/30/13. She has reported low back injury after catching a patient that was falling. The diagnoses have included lumbosacral neuritis. Treatment to date has included medications, activity modifications, lumbar Epidural Steroid Injection (ESI), trigger point injections, lumbar orthotic, physical therapy and specialty consultations. Currently, the injured worker complains of low back pain that radiates into bilateral lower extremities left greater than the right with numbness and tingling. The pain is aggravated by prolonged standing, bending, twisting or lifting. She states that physical therapy exacerbated her symptoms, Epidural Steroid Injection (ESI) done on 10/23/13 provided improvement in back pain and right leg pain 60 percent and lasted 6-8 weeks. The physical exam of the lumbar spine revealed tenderness, muscle spasm, decreased range of motion, and positive straight leg raise on the left and right. There was hypoesthesia in the left L5 and S1 dermatomes and reduced left Achilles reflex was noted. She reported pain 7/10 on pain scale with medications and 10/10 without medications. The current medications included Ultracet, Robaxin, Ibuprofen, Cymbalta, Gabapentin and Levothyroxine. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/6/13 revealed disc bulge, annular fissure, and degenerative facet joint changes were present. On 11/7/14 Utilization Review non-certified a request for Ketoprofen/Gabapentin/Lidocaine compound rub, 240 grams, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Gabapentin/Lidocaine compound rub, 240 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Ketoprofen/Gabapentin/Lidocaine Compound Rub 240grams. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS guidelines do not recommend Gabapentin as topical cream. Furthermore, the MTUS guidelines page 112 on topical Lidocaine do not allow any other formulation of Lidocaine other than in patch form. The request IS NOT medically necessary.