

Case Number:	CM14-0197141		
Date Assigned:	12/03/2014	Date of Injury:	07/25/2001
Decision Date:	01/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain medicine and acupuncture 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:

Injured worker is a 58 year old male with date of injury 7/25/2001. Date of the UR decision was 11/18/2014. He underwent medication treatment, anterior cervical discectomy and fusion, initially in 2004 with redosurgery in 2007. Per report dated 11/6/2014, the injured worker presented with low back pain radiating into the right lower extremity greater than the left lower extremity, pain, weakness and difficulty walking secondary to pain and weakness primarily in the right leg. He reported pain level as 6/10 with use of medications; 9-10/10 without medications and stated that his pain levels may reduce down to a 3/10 with use of medication. Cervical spine examination showed right-sided cervical paraspinous tenderness with 1+ palpable muscle spasms; cervical spine range of motion was Flexion 30 degrees, extension 20 degrees, right rotation 40 degrees, and left rotation 40 degrees. There was global weakness in the right upper extremity as compared to the left graded 3/5; including biceps, triceps, and brachioradialis muscles. Sensory examination revealed hypesthesia in the right C6 and C7 dermatomes. He was being prescribed Oxycontin 30 mg every 8 hours, Gabapentin 600 mg at bedtime and Morphine 15 mg up to 4 times daily as needed. He has been diagnosed with Cervical post laminectomy syndrome, right upper extremity radiculopathy, and Lumbar spine sprain/strain with right lower extremity radiculopathy and weakness. The treating provider recommended for ketoprofen, gabapentin and lidocaine compounded rub to be continued for treatment of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL Cream #240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 112,113.

Decision rationale: KGL is Gabapentin/Ketoprofen/Lidocaine formulated topically. Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)". With regard to lidocaine MTUS p 112 states "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As none of the agents in this compound are recommended, the request is not medically necessary.