

Case Number:	CM14-0199018		
Date Assigned:	12/08/2014	Date of Injury:	04/13/1992
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Management, and is licensed to practice in Georgia. 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 61-year-old male presenting with a work-related injury on April 13, 1992. On October 25, 2014 the patient complained of low back pain and right greater than left extremity pain. The pain was characterized as electrical, burning, numbness, tingling and weakness in the lower extremities. The pain referred to the buttocks and testicles. The pain is exacerbated with walking, standing, prolonged sitting and prolonged stationary position. The pain is associated with symptomatic bowel and bladder as well as sexual dysfunction. The patient's medications included oxycodone which reportedly reduce the pain from a 10/10 to 7/10. The physical exam was significant for tenderness to palpation over the cervical paraspinal, right trapezius, and lumbar paraspinal musculature especially over the lumbar spine processes. Cervical and lumbar range of motion was decreased, straight leg raise was positive bilaterally at 35, Spurling's test was positive, right knee showed tenderness over the medial lateral joint line, muscle testing revealed decreased muscle strength of the lower extremity, worse on the left, and sensation was decreased particularly in the L5 - S1 dermatomal region,. The patient was diagnosed with chronic and persistent neck and low back pain, cervical and lumbar spine strain/sprain, lumbar spondylosis with radiculopathy, multilevel lumbar neuroforaminal stenosis with compression of the exiting L2 through L5 nerve roots for MRI, history of right shoulder and elbow surgery, history of right knee surgery times three, bilateral knee internal derangement, chronic pain syndrome, opioid dependence, chronic depression, and erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of KGL Cream 240 g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: One prescription of KGL Cream 240 g is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with lumbar sprain/strain which is non-neuropathic pain syndrome. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Finally, in regards to Ketoprofen, which is a topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.