

Case Number:	CM14-0199540		
Date Assigned:	12/10/2014	Date of Injury:	05/16/2011
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 37 year old female who was injured at work on 05/16/2011. She is reported to be complaining of severe back pain radiating down her left leg. The pain is reported to 10/10, it is worse with prolonged sitting and standing, bending or twisting. The physical examination revealed moderate distress, marked antalgic gait, postsurgical scar on the back, limited lumbar range of motion, positive straight leg raise at 30 degrees on the left, mild weakness of the muscles of the left lower limb; increased sensations in the left L5-S1 dermatome, as well as diminished bilateral ankle reflexes. The worker has been diagnosed of status post anterior -posterior fusion with failed back syndrome, Left greater than right L5-and S1 Lumbar radiculopathy with active ongoing denervation signals on the left side per EMG/NCV of April 8, 2014, left lumbar sciatica, disorder of sleep and arousal secondary to non-restorative sleep and back pain, psychological factors affecting physical condition. Treatments have included L5-S1 fusion, Laminectomy, -Soma. At dispute is the request for Compound Topical Cream: Ketoprofen, Gabapentin, Lidocaine 240g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cream: Ketoprofen, Gabapentin, Lidocaine 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Topical Analgesics; Hydromorphone. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic); Pain (Chronic), Topical Analgesics, Opioids, specific drug list

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

Decision rationale: The injured worker sustained a work related injury on 05/16/2011. The medical records provided indicate the diagnosis of status post anterior -posterior fusion with failed back syndrome, Left greater than right L5-and S1 Lumbar radiculopathy with active ongoing denervation signals on the left side per EMG/NCV of April 8, 2014, left lumbar sciatica, disorder of sleep and arousal secondary to non-restorative sleep and back pain, psychological factors affecting physical condition. Treatments have included L5-S1 fusion, Laminectomy, - Soma. The medical records provided for review do not indicate a medical necessity for Compound Topical Cream: Ketoprofen, Gabapentin, Lidocaine 240g. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary and appropriate since Gabapentin and Ketoprofen are not recommended as topical analgesics.