

Case Number:	CM14-0200528		
Date Assigned:	12/10/2014	Date of Injury:	11/13/2012
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 37-year-old male with an injury date of 11/13/2012. Based on the 08/26/2014 progress report, the patient complains of having low back pain which radiates down to his left leg with associated numbness and tingling. He is also getting Achilles tendon problems. In regards to his lower back, the patient has a positive flip test and sensation is decreased around L4 through S1, more on the left than the right. The 10/07/2014 report indicates that the patient still has pain in his back as well as mild pain in his right knee. He has radiation of pain with sitting and lying straight leg raise in the posterior aspect of his thighs and calves. His left foot is weak in dorsiflexion. The 10/22/2014 report indicates that the patient still has low back pain and no further positive exam findings were provided. An EMG of the bilateral lower extremities revealed the following: Normal nerve conduction study of the bilateral lower extremities. Abnormal electromyography. Bilateral chronic active L4-L5 radiculopathy, left side greater than right side. The patient's diagnoses include the following: Herniated nucleus pulposus, L3-L4, L4-L5, and L5-S1. Right knee chondromalacia patella. Left greater than right leg weakness and numbness. Early drop foot on the left. Sexual dysfunction with erectile dysfunction. Anxiety and depression. Insomnia. The utilization review determination being challenged is dated 11/20/2014. Treatment reports were provided from 04/28/2014 - 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound creams/Topical cream, Gabapentin, Ketoprofen, Tramadol: 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 analgesics Page(s): 111.

Decision rationale: Based on the 10/07/2014 report, the patient presents with low back pain which radiates to his posterior legs bilaterally. The request is for a compound cream/topical cream: Gabapentin, ketoprofen, tramadol. The report with the request was not provided. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with a few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states, "Non-FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis." Per MTUS, gabapentin is not recommended in any topical formulation. There is no support for tramadol as a topical compound either. There is lack of evidence that topical tramadol can help chronic pain. In this case, the patient has low back pain which radiates to the bilateral lower extremities. He has radiation of pain with sitting and lying straight leg raise test in the posterior aspect of his thighs and calves. Guidelines do not recommend a compounded product if one of the compounds is not indicated for use. Neither gabapentin, ketoprofen, nor tramadol is indicated for use as a topical formulation. Therefore, the requested topical cream (gabapentin, ketoprofen, tramadol) is not medically necessary.