

Case Number:	CM14-0201458		
Date Assigned:	12/11/2014	Date of Injury:	03/23/2012
Decision Date:	01/28/2015	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 Family Practice 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:

67 yr. old female claimant sustained a work injury on 3/23/12 involving the neck, low back and shoulder. She was diagnosed with cervical spine strain, lumbar strain, and bilateral lower extremity radicular symptoms. A progress note on 10/29/14 indicated the claimant had 7/10 pain. She was on Vicodin, Omeprazole, and Naproxen. Exam findings were notable for reduced range of motion of the cervical spine, tenderness in the left shoulder, hypoesthesias in the C6-C7 dermatomes, decreased range of motion in the lumbar spine, a positive straight leg raise test and hypoesthesias in the L5 dermatome. The physician requested topical Ketoprofen, Gabapentin, Lidocaine gel for neuropathic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL Gel 240gm: 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): 110-112.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option as indicated below. They are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended due to lack of clinical evidence to support its use. Since the compound above contains Gabapentin, the KGL gel is not medically necessary.