

Case Number:	CM14-0202585		
Date Assigned:	12/15/2014	Date of Injury:	05/24/2003
Decision Date:	02/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old man, with a medical history of diabetes and myocardial infarction, who sustained a work-related injury on May 24, 2003. Subsequently, he developed chronic low back pain. The patient underwent L5-S1 laminectomy/discectomy in 2003 and fusion in 2010. Prior treatments included: stretching, walking, medications, ice/hot packs, and. According to an orthopedic re-evaluation report dated November 11, 2014, the patient was told by his kidney doctor that he had very decreased function in his kidneys and he could not take certain medications. The patient complained of severe lower back pain. He has been using the topical creams of Ketoprofen, Gabapentin, and Tramadol but tramadol should be stopped because it is one of the medications that he cannot take. Objective findings included: limited range of motion with flexion limited at 30 degrees limited by pain. Radicular signs were negative with Lasegue's, Cram's, and the sciatic notch tests. The straight leg raise was positive bilaterally in both the sitting and lying position. The patient was diagnosed with L5-S1 instability, degenerative joint disease, impingement of S1 nerve roots bilaterally, severe depression, insomnia, sexual dysfunction, and degenerative disc disease at L3-4. The provider requested authorization for topical cream Ketoprofen and topical cream Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream Ketoprofen: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of Ketoprofen. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Ketoprofen cream is not medically necessary.

Topical cream Gabapentin: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Gabapentin is not medically necessary.