

Case Number:	CM14-0203402		
Date Assigned:	12/15/2014	Date of Injury:	09/28/2010
Decision Date:	02/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab 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 59 year old male with date of injury 9/28/10. The treating physician report dated 9/05/14 (38) indicates that the patient presents with pain affecting low back and left knee. The physical examination findings reveal decreased sensation over the right lower leg. Sacroiliac joints are tender, right more than left. Tenderness over the paraspinals, right more than left. Increased pain with flexion and extension. Straight leg raise is positive. Prior treatment history includes MRI, medications, ice and TENS unit. MRI findings reveal congenital central stenosis without any high grade foraminal or central impingement of the pertinent neural structures. The current diagnoses are: 1.Left knee pain2.Low back pain3.Lumbar radiculitis4.Degenerative disc disease, lumbar5.Myofascial pain6.Chronic pain syndrome7.Numbness8.Lumbar facet painThe utilization review report dated 11/06/14 denied the request for retrospective gabapentin/Ketoprofen/Lidoderm 120 gm times 2 based on Gabapentin and Ketoprofen not being approved for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin/Ketoprofen/Lidoderm 120gm times 2: 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): 111-113.

Decision rationale: The injured worker presents with low back and left knee pain. The current request is for retrospective gabapentin/Ketoprofen/Lidoderm 120 gm x 2. The MTUS guidelines state, "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the treating physician has prescribed Gabapentin/ Ketoprofen/ Lidoderm topical. Gabapentin is not recommended in topical form and Ketoprofen is not FDA approved for topical application. The request is not medically necessary.