

Case Number:	CM14-0207763		
Date Assigned:	12/19/2014	Date of Injury:	04/19/1997
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female who reported an injury on 04/19/1997. Her mechanism of injury was not included. Her diagnoses included thoracic radiculopathy, cervical degenerative disc disease, cervicogenic headaches, and lumbar degenerative disc disease with left lower extremity radiculopathy. Her past treatments have included lumbar epidural steroid injections and physical therapy. Her diagnostic studies have included an MRI of the cervical spine on 10/04/2013 and urine drug screens (the last 1 on 10/20/2014). Her surgical history included a left knee medial meniscectomy on 07/08/1997 and a repeat on 04/05/2002; left total knee replacement on 03/02/2010; and multiple surgical interventions on left foot. The progress note dated 11/18/2014 documented the injured worker had continued to benefit from the left L5-S1 epidural steroid injection received on 08/21/2014. Her medications included Norco 10/325 mg, Maxalt 10 mg, and a compounded cream. Her treatment plan included requesting authorization for her pain medications and scheduling a cervical epidural steroid injection. The rationale for the request was pain management for neuropathic pain. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin and Lidocaine (KGL) cream 240g QTY: 1: Upheld

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

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

Decision rationale: The request for ketoprofen, gabapentin, and lidocaine (KGL) cream 240 gm, quantity: 1 is not medically necessary. On physical examination, she was noted to have mild tenderness over the lumbosacral paraspinous musculature from L3 to S1. Lumbar spine range of motion was measured at flexion at 30 degrees, extension at 10 degrees, and right and left lateral flexion at 25 degrees. The injured worker was noted to have hypoesthesia in the left L5 dermatome. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support its use. Lidocaine is recommended for topical use only in the formulation of a dermal patch (Lidoderm). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Therefore, the request for ketoprofen, gabapentin, and lidocaine (KGL) cream 240 gm, quantity: 1 is not medically necessary.