

Case Number:	CM14-0208194		
Date Assigned:	12/19/2014	Date of Injury:	12/21/2011
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of December 21, 2011. In a Utilization Review Report dated November 13, 2014, the claims administrator denied a request for a topical compounded ketoprofen-gabapentin-lidocaine cream. The claims administrator referenced a progress note of October 29, 2014 in its determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported ongoing complaints of low back and hip pain. The applicant was asked to pursue another hip corticosteroid injection. On October 29, 2014, the applicant was given a hip corticosteroid injection. Lumbar facet injections were endorsed, along with Naprosyn, Vicodin, and a ketoprofen-containing topical compound at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL (Ketoprofen, Gabapentin, Lidocaine) cream 240g: 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: 1. No, the ketoprofen-gabapentin-lidocaine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing issues of oral pharmaceuticals such as Naprosyn and Vicodin effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds. Therefore, the request was not medically necessary.