

Case Number:	CM14-0209528		
Date Assigned:	12/22/2014	Date of Injury:	01/02/2002
Decision Date:	02/18/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 57 year old female with date of injury 1/2/02. The treating physician report dated 11/12/14 (128) indicates that the patient presents with pain affecting the low back. The patient states that she is no longer experiencing radicular symptoms since the epidural injection. The physical examination findings reveal minimal tenderness to palpation over the lumbosacral junction, as well as a negative straight leg raise bilaterally. The lumbar spine range of motion is as follows: Flexion is 60 degrees, extension is 25 degrees, right lateral flexion is 25 degrees, and left lateral flexion is 25 degrees. Prior treatment history includes a bilateral L5-S1 ESI (9/16/14), right knee arthroscopic surgery, an L4-5 and L5-S1 laminectomy, a subsequent fusion at L4-5, and prescribed medications. MRI findings reveal degenerative changes at the L4-5 level with evidence of a fusion at the L4-5 level. The current diagnoses are: 1. Multilevel lumbar degenerative disc disease post L4-L5 and L5-S1 laminectomy followed by L4-L5 fusion with Ct scan findings of multilevel lumbar disc bulging and stenosis. 2. L5 radiculopathy 3. Internal derangement right knee status post arthroscopy with partial menisectomy The utilization review report dated 11/25/14 denied the request for KGL Cream (Ketoprofen, Gabapentin, and Lidocaine) 240gm based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL Cream (Ketoprofen, Gabapentin, and Lidocaine) 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): 111-113.

Decision rationale: The patient presents with pain affecting the low back. The current request is for KGL Cream (Ketoprofen, Gabapentin, and Lidocaine) 240gm. The treating physician report dated 11/12/14 (131) states, "I am requesting authorization for the patient to continue Ketoprofen, Gabapentin and Lidocaine (KGL) compounded rub for the treatment of neuropathic pain." MTUS guidelines regarding topical lidocaine states, "in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, even though the patient has reported an improvement in symptoms from the use of this medication, the MTUS guidelines do not recommend the use of Lidoderm in a cream formulation, as outlined on page 112. Furthermore, Ketoprofen is not currently FDA approved for topical application. The requested treatment is not medically necessary and appropriate.