

Case Number:	CM14-0209878		
Date Assigned:	12/22/2014	Date of Injury:	02/19/2013
Decision Date:	02/13/2015	UR Denial Date:	12/05/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/19/13 when, while working as a custodian and performing repetitive bending, stooping, and straining, he had back and leg pain. He underwent an L5-S1 lumbar microdiscectomy on 06/11/13. He was seen on 07/21/14. He had complaints of low back and radiating right lower extremity pain with numbness and burning. Pain was rated at 7-8/10. Treatments had included postoperative physical therapy including pool therapy, use of a lumbar support, and medications. He was taking Vicodin two times per day and Naprosyn three times per day. Physical examination findings included decreased lumbar spine range of motion with absent right ankle reflex. There was a positive right straight leg raise and positive crossed left straight leg raise causing right-sided leg pain. He had decreased right lower extremity strength and sensation with an antalgic gait. Recommendations included consideration of a lumbar spine fusion. On 10/22/14 he had undergone the lumbar spine fusion surgery. He was having ongoing right lower extremity radicular symptoms. He had a 10 minute standing tolerance. Medications were Vicodin and gabapentin. Physical examination findings included negative straight leg raising. Recommendations included an increased dose of Neurontin. Authorization for a pain management assessment was requested. On 12/05/14 he was having ongoing right lower extremity radicular symptoms. He was now taking Neurontin at 1800 mg per day without improvement. He was taking Norco 4-6 times per day. Imaging results were reviewed. His medications were adjusted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin, Lidocaine Cream, 240 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for ongoing right lower extremity radicular symptoms. He underwent a second lumbar spine surgery in 2014. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication is not medically necessary.