

Case Number:	CM14-0209880		
Date Assigned:	12/22/2014	Date of Injury:	08/19/2010
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
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: Pennsylvania, Ohio, California
 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 underlying date of injury in this case is 08/19/2010. The date of initial utilization review under appeal is 11/26/2014. On 11/17/2014, the patient was seen in followup regarding chronic lumbosacral sprain/strain with multilevel disc degeneration and an annular tear at L4-L5, bilateral L5 radiculopathy, and chronic low back pain with bilateral sacroiliac dysfunction. The patient remained symptomatic with low back and left lower extremity pain and sharp, burning pain traveling to the left buttock. The treating physician recommended continuation of morphine, Percocet, and gabapentin and also a request recommending continuation of ketoprofen/gabapentin/lidocaine compounded rub for treatment of neuropathic pain.

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): 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 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 111, states that any compounded product that contains at least one drug that is not recommended is not recommended. This same guideline on page 112 specifically states that ketoprofen is not recommended for topical use due to an FDA advisory regarding photocontact dermatitis. This same guideline on page 113 specifically states that there is no peer-reviewed literature to support the use of topical gabapentin. Therefore, the records and guidelines do not support this current request. This request is not medically necessary.