

Case Number:	CM15-0108286		
Date Assigned:	06/12/2015	Date of Injury:	12/05/2005
Decision Date:	08/04/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old female with an industrial injury dated 12/05/2005. Her diagnoses/impression included right lumbar discogenic disease with facet arthritis, mild cervical discogenic disease with minimal findings and painful right elbow with no evidence of loss of range of motion of the right elbow. Prior treatment included injections of the low back, facet injections, trigger point injections and rhizotomy of left facet joints. She presented on 03/25/2015 (most recent record available) for pain in her right arm, neck, low back and left leg pain. Physical exam of the neck noted spasm of her right trapezius muscle greater than her left. Range of motion was decreased. Spasm was noted on lumbar exam. Examination of the shoulder showed no evidence of entrapment. She had full range of motion in abduction, adduction, flexion, extension and internal and lateral rotation. There was mild spasm of trapezius muscle. She had pain in the right lateral surface of her epicondyle with full range of motion. The provider documents the injured worker cannot take Mobic because it upsets her stomach. She was working full duty. The requested treatment is for compound cream consisting of Ketoprofen, Gabapentin, Lidocaine, Ethoxy ET salt 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream consisting of: Ketoprofen, Gabapentin, Lidocaine, Ethoxy ET, salt, 120gm: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin)which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.