

Case Number:	CM15-0121628		
Date Assigned:	09/10/2015	Date of Injury:	02/28/2010
Decision Date:	11/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 65-year-old female, with a reported date of injury of 02-28-2010. The diagnoses include multilevel cervical degenerative disc disease with severe left-sided facet disease at C2-3 through C5-6 with evidence of neuroforaminal narrowing; C3-4 and C5-6 spondylolisthesis; bilateral cervical radiculopathy; right hand pain with carpometacarpal joint arthritis; chronic low back pain with disc protrusion at L4-5 and L5-S1 and spondylolisthesis at L5-S1; and bilateral shoulder and left hand complaints; anxiety, depression, and insomnia. Treatments and evaluation to date have included Norco, Voltaren gel, Soma (discontinued), Naproxen (discontinued), and Diclofenac (discontinued). The diagnostic studies to date have included a urine drug screen on 12-11-2014 with negative results; a urine drug screen on 09-10-2014; and a urine drug screen on 03-10-2015 with negative results. The progress report dated 05-20-2015 indicates that the injured worker complained of severe right shoulder pain, neck pain, and low back pain. She had intermittent shooting pain down the upper extremities. The injured worker also had pain affecting the right wrist and hand. It was noted that the injured worker had completed an MRI of the cervical spine and electrodiagnostic studies of the upper extremities, which showed evidence of cervical degenerative disc disease, neuroforaminal narrowing, and cervical radiculopathy. The injured worker rated her pain 5-7 out of 10 (04-08-2015 to 05-20-2015) with medications, and 10 out of 10 (04-08-2015 to 05-20-2015) without medications. She reported 40-50% improvement in pain symptoms and function with the use of the medications than without the medications. It was noted that the injured worker showed no evidence of drug seeking behavior, and she used her medications appropriately and only as prescribed. The treating physician noted that "Urine drug screening has shown evidence of

compliance with prescribed medications. The patient has signed an opioid contract and remains compliant with those terms. The patient has completed an opioid risk assessment profile and was found to be at low risk for opioid use." The physical examination showed bilateral cervical paraspinous tenderness over the surrounding musculature; stiff range of motion of the cervical spine; cervical flexion at 50 degrees; cervical extension at 40 degrees; right rotation of the cervical spine at 50 degrees; left rotation of the cervical spine at 50 degrees; tenderness over the right glenohumeral joint; pain with shoulder abduction; tenderness over the CMC (carpometacarpal) joints of the right hand; decreased sensation in the right C6 dermatome; tenderness of the bilateral lumbar paraspinous from L4-S1; lumbar flexion at 50 degrees; lumbar extension at 20 degrees; and lumbar rotation at 25 degrees bilaterally. It was noted that the injured worker had done well with her trial of Ketoprofen-Gabapentin-Lidocaine compounded rub. The treating physician recommended the continued use of the medication for neuropathic pain. The injured worker remained temporarily and totally disabled. The treating physician requested KGL (Ketoprofen- Gabapentin-Lidocaine) compounded cream #240 grams. On 06-04-2015, Utilization Review (UR) non-certified the request for KGL (Ketoprofen-Gabapentin-Lidocaine) compounded cream #240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL (Ketoprofen/Gabapentin/Lidocaine) compounded cream #240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Not recommended. 2) Gabapentin: Not recommended for topical application. Not FDA approved for topical use. Not recommended. 3) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. Patient has no failure of 1st line medications. Not recommended. Not a single component is recommended. This none-evidence based cream is not medically necessary.