

Case Number:	CM15-0134123		
Date Assigned:	07/22/2015	Date of Injury:	10/23/2009
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 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 injured worker was a 44-year-old female, who sustained an industrial injury, October 23, 2009. The injured worker previously received the following treatments 12 session of aqua therapy, revision of L4-S1 on June 20, 2012, failed nerve root blocks to adverse reaction to steroids, Norco, Celexa, Dendracin lotion used for neuropathic pain, Baclofen, Lunesta, Xanax and Gabapentin which the injured worker failed. The injured worker was diagnosed with cervical spondylosis with multilevel posterior disc osteophyte complexes and uncovertebral phytosis with mild effacement of the ventral cervical spine facets at C3-C4 through C5-C6 and mild neuroforaminal narrowing left of C3-C4, left C4-C5 and right C5-C6, low back and bilateral lower extremity pain and weakness, lumbar spine sprain and strain status post L4-L5 and L5-S1 revision lumbar fusion, bilateral knee sprain and strain with internal derangement, proximal neuropathic pain with muscle spasms and dystonia, possible inflammatory and immune response and depression. According to progress note of June 16, 2015, the injured worker's chief complaint was back pain. The injured worker rated the pain at 5 out of 10 with pain medication and 9 out of 10 without pain medications. The injured worker rated functional improvement with pain medications at 40-50%. The injured worker reports onset of relief 20-30 minutes after a dose of Norco. The injured worker was using Dendracin lotion for neuropathic pain. The medications allow the injured worker to continue to perform activities of daily living including lighthouse work, cooking, grocery shopping, caring for child, showering, bathing brushing teeth and dressing. The physical exam noted tenderness with palpation of the C3-T1, with muscle spasms and trigger bands over the left trapezius, rhomboid, levator scapulae. The flexion was 20 degrees, extension 5 degrees, left lateral bend 10 degrees and right lateral bend 20 degrees. The examination of the lumbar spine noted flexion of 30 degrees, extension of 5 degrees, left lateral flexion of 5 degrees and right lateral flexion of 5 degrees. There was bilateral lumbar paraspinous tenderness with muscle spasms. The straight leg raises were

positive, the left greater than the right. The sensory exam noted hyperesthesia in the left greater than the right L5 and S1 dermatome. The treatment plan included a compound ointment of Ketoprofen, Gabapentin, Lidocaine and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Ketoprofe/Gabapenti/Lidocaine/Baclofen/Cyclob 30 day supply Qty: 360 with 2 refills: Upheld

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

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 cervical, thoracic, and lumbar spine. The current request is for CMPD- Ketoprofe/Gabapentin/Lidocaine/Baclofen/Cyclob 30 day supply Qty: 360 with 2 refills. The treating physician states in the report dated 6/18/15, "I am requesting authorization for the patient to trial Ketoprofen 15%, Gabapentin 10%, Lidocaine 5%, Baclofen 2.5% and Cyclobenzaprine 2.5% (KGLBC) as a topical analgesic #360g (30B)." The MTUS guidelines state that topical analgesics are recommended as an option. On page 111, it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin in topical formulation and lidocaine is only supported in the patch formation. In this case, the treating physician has requested a medication that is not supported by the MTUS guidelines. The current request is not medically necessary.