MAXIMUS Federal Services

Case Number:	CM15-0134634		
Date Assigned:	07/22/2015	Date of Injury:	11/08/2013
Decision Date:	09/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 45 year old male injured worker suffered an industrial injury on 11/8/13. The diagnosis included lumbar disc herniation. The diagnostics include lumbar magnetic resonance imaging. The treatment included medications. On 6/15/2015, the treating provider reported severe low back pain with sciatica. On exam, the injured worker walked with the aid of a walker with severe tenderness and reduced range of motion to the lumbar spine. The injured worker had not returned to work. The requested treatments included Gabapentin/Lido TGP #10 (10%/2% Gel) and Ketoprofen/Capsaicin Spray (15%/0.025%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Lido TGP #10 (10%/2% Gel) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 -9792.26 Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of goals of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Gabapentin/Lido TGP #10 (10%/2% Gel) #120 in this injured worker, the records do not provide clinical evidence to support medical necessity.

Ketoprofen/Capsaicin Spray (15%/0.025%) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of goals of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Additionally, capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Regarding topical Ketoprofen/Capsaicin Spray (15%/0.025%) #120 in this injured worker, the records do not provide clinical evidence to support medical necessity.