

Case Number:	CM15-0148373		
Date Assigned:	08/11/2015	Date of Injury:	06/09/2007
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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, 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 41 year old male who sustained an industrial injury on June 09, 2007. The worker was employed as a mechanic welder. The accident is described as while replacing axle bearings on a truck, he was lifting the tire and felt immediate onset of low back pain and the following day he felt tingling into his right leg while driving to work. The injury was reported he was evaluated and treated acutely with microdiscectomy and excellent results with no further leg pain. He still continues with low back pain. Other treatment modalities to include: activity modification, medications, and injections. A secondary treating office visit dated August 03, 2012 reported subjective complaint of left wrist numbness that extends into the thumb, index and middle fingers. The assessment found the worker with left radial sensory nerve laceration with neuroma. On August 06, 2012 he underwent wound exploration, neuroma excision, and implantation of nerve branches into muscle. A recent orthopedic evaluation dated March 31, 2015 reported the worker having been working a regular duty position and is beginning to have a progressive increase in his low back pain with associated numbness into the right leg. He takes no oral medications. The following diagnoses were applied: status post L5-S1 microdiscectomy for extruded disc fragment; residual L5-S1 degenerative and collapsed disc with intermittent radiculopathy in the right lower extremity; intermittent insomnia; intermittent anxiety, and left radial nerve injury, industrial. The plan of care involved obtaining new magnetic resonance imaging scan of lumbar spine; undergo nerve conduction study of bilateral lower extremity; referral to a hand specialist; and renew prescriptions for topical compound creams of Ketoprofen, Gabapentin, and Tramadol. He will continue with regular work duty and prescribed an X-Force solar Care Unit for home use, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream Gabapentin, Tramadol, and Ketoprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Further, any compounded product that contain at least one drug or drug class that is not recommended is not recommended. This product contains Gabapentin, Ketoprofen and Tramadol. Ketoprofen is not FDA-approved for topical use. It has an extremely high incidence of photo contact dermatitis. Gabapentin is not recommended for topical use. Tramadol is a synthetic opioid that is also not recommended for topical use. Therefore, the request for this topical cream is not medically necessary or appropriate.