

Case Number:	CM15-0167253		
Date Assigned:	09/04/2015	Date of Injury:	02/07/2012
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old male with a February 7, 2012 date of injury. A progress note dated July 7, 2015 documents subjective complaints (postoperative pain in the left shoulder; restricted range of motion of the left shoulder; recurrent left lower extremity pain that radiates over the left posterolateral thigh; pain rated at a level of 1 to 20 out of 10 at best with medications and 7 out of 10 without medications), objective findings (uses single point cane for ambulation; significant antalgic gait; restricted range of motion of the left shoulder; tenderness to palpation over the acromioclavicular joint; positive impingement sign; mild lumbar paraspinous tenderness from L4 to S1 with muscle spasms; decreased range of motion of the lumbar spine; positive straight leg raise on the left; decreased sensation to light touch in the left L5 greater than L4 greater than S1 dermatome), and current diagnoses (lumbar spine sprain and strain with disc bulges, and mild to moderate facet hypertrophy with foraminal narrowing; lumbar radiculopathy with the left lower extremity; left shoulder pain with known tear status post rotator cuff surgery and ongoing pain). Treatments to date have included shoulder surgery, imaging studies, medications, epidural steroid injection, physical therapy for the lower back, and shoulder injections. The treating physician documented a plan of care that included KGL cream (Ketoprofen, Gabapentin, Lidocaine) 240 g-30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL cream (Ketoprofen, Gabapentin, Lidocaine) 240 g- 30 day trial: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in February 2012 and underwent left shoulder surgery in June 2015. He continues to be treated for left shoulder pain and low back pain with left lower extremity symptoms. When seen, medications were Gabapentin, Norco, and Dendracin lotion. He was having difficulty tolerating Gabapentin due to extreme drowsiness. Pain was rated at 1-2 with use of medications. Physical examination findings included ambulating with a cane. There was decreased left shoulder range of motion with acromioclavicular joint tenderness and positive impingement testing. There was mild lumbar paraspinal tenderness with muscle spasms. There was decreased lumbar spine range of motion with positive left straight leg raising and decreased left lower extremity strength and sensation with decreased left patellar and Achilles reflexes. Compounded topical preparations of Ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Intolerance to gabapentin could be further addressed with extended release dosing or consideration of another antiepileptic medication. This request was not medically necessary.