

Case Number:	CM15-0189597		
Date Assigned:	10/01/2015	Date of Injury:	05/09/2007
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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: Connecticut, California,

Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male with a date of injury on 05-09-2007. The injured worker is undergoing treatment for chronic low back pain status post L4-L5 laminectomy, lumbar radiculopathy, and status post spinal cord stimulator implant performed on 02-26-2013 with subsequent successful spinal cord lead revision. Physician progress notes dated from 06-15-2015 to 08-17-2015 documents the injured worker the injured worker has had no significant change in his symptoms. He notes continued improvement win function with his current medications. He continues to have low back pain, and he finds the spinal cord stimulator beneficial in treating his radicular symptoms. He received 70% improvement in his pain status post lumbar epidural injection for three weeks then 50% improvement. He rates his pain as 6-7 out of 10 with the use of medications and the spinal cord stimulator and 10 out of 10 without. Lumbar spine range of motion is restricted and he has mild muscle spasm and tenderness present. He has trialed and failed tricyclic antidepressants including Amitriptyline and Doxepin, and Lidoderm patches and Dendracin lotion has been non-certified. He continues to work on a full time basis without restrictions. Treatment to date has included diagnostic studies, medications, physical therapy, use of a lumbar brace, status post L4-5 laminectomy-11-16-2011, and status post spinal cord simulator implantation 02-26-2013, and lumbar epidural steroid injections. Current medications include Norco, Naprosyn, Omeprazole and Gabapentin. On 08-26-2015 Utilization Review non-certified the request for KGL cream (Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%) 240gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL cream (Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%) 240gms: 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: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical ingredient by the MTUS, and therefore the request for a compound containing Gabapentin for topical use is not medically necessary.