

Case Number:	CM15-0199056		
Date Assigned:	10/14/2015	Date of Injury:	11/16/2010
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old male who sustained an industrial injury on 11-16-10. A review of the medical records indicates he is undergoing treatment for chronic obstructive pulmonary disease, herniated nucleus pulposus of the lumbar spine, and lumbar radiculopathy. Medical records (1-6-15 to 7-15-15) indicate ongoing complaints of low back and left leg pain, as well as right hip pain, for which he reports an "increase" on 7-15-15. He reports that he has "intermittent" sharp, stabbing pain "localized to the left side". He reports radiating "shooting pain, weakness, and tingling" down the left lower extremity. He has been having a "dull aching pain in the right hip". He rates his low back pain "6 out of 10". He also reports that he is having difficulty sleeping and sleeps "about 4-6 hours a night". He is working "full duty". The physical exam (7-15-15) reveals tenderness to palpation of the lumbar spine extending into the left greater than right paraspinal region. Lumbar range of motions is diminished. Sensation is intact in bilateral lower extremities. Motor strength testing is "5 out of 5". Diminished reflexes are noted in bilateral patellar and Achilles reflexes. The straight leg raise test is negative bilaterally. FABER test is positive on the left. Diagnostic studies have included x-rays of the lumbar spine and the right hip and an MRI of the lumbar spine. Treatment has included epidural steroid injections. A request for chiropractic therapy was requested and is pending authorization. The treatment recommendations include a trial of Ketoprofen and Gabapentin cream (7-15-15). The utilization review (9-23-15) includes requests for authorization of retrospective Gabapentin-Lipoderm-Poloxamer-Lecithin cream and Ketoprofen-Lipoderm-Poloxamer-Lecithin creams. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin/Lipo derm/Poloxamer/Lecithin cream, date of service: 07/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin/Pregabalin (not recommended) MTUS states that topical Gabapentin is not recommended and further clarifies antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. As such, the request for Retrospective request for Gabapentin/Lipoderm/Poloxamer/Lecithin cream, date of service: 07/15//2015 is not medically necessary.

Retrospective request for Ketoprofen/Lipoderm/Poloxamer/Lecithin cream, date of service: 07/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen (not recommended) per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions. As such, the request for Retrospective request for Ketoprofen/Lipoderm/Poloxamer/Lecithin cream, date of service: 07/15//2015 is not medically necessary.

