

Case Number:	CM15-0200286		
Date Assigned:	10/15/2015	Date of Injury:	02/04/2009
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 02-04-2009. A review of the medical records indicates that the worker is undergoing treatment for low back pain and right lower extremity radicular pain status post anterior-poster L3-L5 fusion, status post lumbar decompressive surgery and lumbar moderate bilateral foraminal stenosis with bilateral facet degenerative changes and broad-based disc bulges. Subjective complaints (07-28-2015, 08-20-2015 and 09-17-2015) included low back and right lower extremity pain with burning, numbness and tingling. Objective findings (07-28-2015, 08-20-2015 and 09-17-2015) included diffuse myofascial tenderness from L1 to S1 with 1-2+ muscle spasms and limited range of motion, positive straight leg raise of the right lower extremity at 40 degrees, 1+ swelling bilaterally in the lower extremities, right lower extremity dorsiflexion. Treatment has included Gabapentin, Fentanyl patch, Hydrocodone, Amitriptyline, physical therapy and lumbar epidural steroid injections. The physician indicated that the injured worker continued to note improvement in pain and function with current medication regimen with 30% pain relief noted and increased ability to participate in activities of daily living including meal preparation, washing dishes and grocery shopping as well as ability to ambulate a greater distance. The physician noted that a request for authorization of a 30 day trial of a compounded medication that includes Ketoprofen-Gabapentin-Lidocaine 240 mg for treatment of neuropathic pain was being made. A utilization review dated 09-30-2015 non-certified a request for KGL cream (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 (30 days Trial): 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 rationale: Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." With regard to topical Ketoprofen, the MTUS CPMTG states, "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)." Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As none of the agents in this compound are recommended, the request is not medically necessary.