

Case Number:	CM15-0224474		
Date Assigned:	11/20/2015	Date of Injury:	10/25/1999
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/16/2015

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: Texas, Florida, California

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 was a 57 year old male, who sustained an industrial injury on October 25, 1999. The injured worker was undergoing treatment for chronic low back pain status post L4-L5 and L5-S1 posterior lumbar interbody fusion on January 19, 2001 with removal of fusion hardware on November 14, 2003; lumbar postlaminectomy syndrome, bilateral lower extremity radiculopathy, left greater than the right, adhesive arachnoiditis at L4-L5, mild central spinal stenosis L3, diffuse degenerative hypertrophic facet arthropathy from L1 to L4 per lumbar spine MRI on July 29, 2014, failed stimulator trial in 2007. According to progress note of October 9, 2015, the injured worker's chief complaint was low back pain with radiation of pain in the left lower extremity, which was severe the day prior to this exam. The pain sent the injured worker to the emergency room, where the injured worker was given a Morphine injection to calm the pain. The pain was rated at 6 out of 10 with the use of medications and 10 out of 10 without. The injured worker reported a 40% improvement in pain and 40% improvement with function with the use of medications. The allowed the injured worker to be able to do daily exercise program. The physical exam noted tenderness with palpation from L2 to S1. There was 1 to 2 plus muscle spasms. The twitch response was positive. The lumbar range of motion was limited in all planes. The straight leg raises were positive on the left at 30 degrees and positive on the right at 45 degrees. The muscle testing on the left lower extremity was 4 out of 5 the right was 5 out of 5. The injured worker had hyperesthesia over the left posterior and lateral thigh and lateral calf. There was hyperpathia and hypersensitivity to light touch over the left anterior thigh and proximal medial calf. The injured worker previously received the following treatments

Ibuprofen; epidural injections in the past, the last injection aggravated the symptoms, psychological services, and neurological evaluation, Morphine ER, Norco and Gabapentin for neuropathic pain in the left lower extremity. The RFA (request for authorization) dated the following treatments were requested a prescription for KGL (Ketoprofen, Gabapentin and Lidocaine) cream #360 grams (trial), for neuropathic pain in the left anterior thigh and medial calf up to 4 times daily. The UR (utilization review board) denied certification on October 29, 2015; for a prescription for KGL (Ketoprofen, Gabapentin and Lidocaine) cream #360 grams (trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL cream #360G (trial): 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127. This claimant was injured in 1999 with low back pain. There is alleged neuropathic pain in left anterior thigh and medial calf. This preparation is for ketoprofen, gabapentin and Lidocaine. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified.