MAXIMUS Federal Services

Case Number:	CM15-0036078		
Date Assigned:	03/04/2015	Date of Injury:	09/10/2013
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 a 46 year old male who sustained an industrial injury on 9/10/13. The injured worker reported symptoms in the head, neck back upper and lower extremities. The diagnoses included L4-L5 and L5-S1 disc herniation with bilateral radiculopathy, crush injury with multiple pelvic fractures, urethra disruption status post repair, and erectile dysfunction. Treatments to date include status post posterior urethroplasty, physical therapy, acupuncture therapy, activity modification and oral pain medications. In a progress note dated 1/8/15 the treating provider reports the injured worker was with intermittent pain to the back, hips, pelvis, and left leg. On 1/28/15 Utilization Review non-certified the request for Ketoprofen, Gabapentin, Diclofenac, Lidocaine cream compound (unspecified concentration and amounts). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin, Diclofenac, Lidocaine cream compound(Unspecified concentration and amounts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management. Therefore, the prospective request for Ketoprofen, Gabapentin, Diclofenac, Lidocaine cream compound(Unspecified concentration and amounts) is not medically necessary.