

Case Number:	CM15-0040204		
Date Assigned:	03/10/2015	Date of Injury:	03/31/2009
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on March 31, 2009. The injured worker was diagnosed as having cervical and lumbar radiculopathy, lumbar disc displacement, lumbar facet arthropathy, chronic pain, medication related dyspnea and lumbar sacral annular tear. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), acupuncture, oral medication and trigger point injections. Progress note dated October 14, 2014 the injured worker complains of neck pain radiating down right arm, right arm and wrist pain, headaches, low back pain with spasms and radiating down right leg and gastrointestinal (GI) upset related to medication. Physical exam reveals moderate distress, cervical tenderness and lumbar tenderness. Plan is to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/ Gabapentin/ Diclofenac/ Lidocaine 15/ 8/ 5/ % cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with aching pain in the neck rated 9/10 radiating into the right arm that possesses a burning/tingling sensation. Patient also complains of lower back pain, which radiates into the right lower extremity. The patient's date of injury is 03/31/09. Patient is status post carpal tunnel release and ulnar nerve release on the right at dates unspecified. The request is for KETOPROFEN/GABAPENTIN/DICLOFENAC/LIDOCAINE 15/8/5/5% CREAM 240GM. The RFA was not provided. Physical examination dated 11/14/14 reveals tenderness to palpation of the cervical paraspinal muscles, bilateral trapezius muscles, and notes pain elicitation in neck on bilateral shoulder abduction. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal muscles and painful range of motion. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per 11/14/14 progress note, patient is advised to return to work on 11/17/14 with restrictions. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. 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."In regard to the request for a compounded cream containing Ketoprofen, Gabapentin, Diclofenac, and Lidocaine - the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported as a topical agent, Lidocaine is only supported in patch form. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary. In regard to the request for a compounded cream containing Ketoprofen, Gabapentin, Diclofenac, and Lidocaine - the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported as a topical agent, Lidocaine is only supported in patch form. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.