

Case Number:	CM15-0041873		
Date Assigned:	03/12/2015	Date of Injury:	11/21/2007
Decision Date:	04/21/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 is a 50-year-old female who sustained an industrial injury on November 21, 2007. She has reported pain in the right lower extremity and has been diagnosed with chronic neck pain with associated headaches and cervical radiculopathy left upper extremity, left occipital neuralgia, cervicogenic headaches, right shoulder pain status post arthroscopic surgery, lumbar spine sprain/strain, and right lower extremity radicular symptoms. Treatment has included psychological treatment, surgery, injections, and medications. Currently the injured worker complains of pain over the cervical spine, which radiates into the left shoulder down the left arm with numbness, tingling, and weakness. The treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%, 360 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The compound contains ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%, 360 gm. is not medically necessary.