

Case Number:	CM15-0080353		
Date Assigned:	05/01/2015	Date of Injury:	05/25/2013
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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 52 year old female patient who sustained an industrial injury on 05/25/2013. A primary treating office visit dated 02/05/2014 reported the patient with subjective complaint of constant severe pain that radiated into her bilateral buttocks, and thigh accompanied with numbness. She is also with complaint of upper back pain that radiates to the cervical spine. The following diagnoses are applied: lumbar disc displacement; sciatica, and thoracic disc displacement with myelopathy. The plan of care noted the patient without any improvement after acupuncture. The physician recommended a re-peat magnetic resonance imaging study. An older follow up visit dated 12/30/2013 reported no change in subjective complaint, or treating diagnoses. She was prescribed the following medications: topical compound cream, Motrin and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidocaine HCL/Ketoprofen/Gabapentin (2-20-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical creams Page(s): 112, 121-122.

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

Decision rationale: The MTUS Guidelines are very specific in recommending that only FDA approved products for topical use are utilized. The Guidelines also state that any compound is not recommended if it utilizes a non supported agent. The Guidelines specifically state that topical ointments with Lidocaine or Ketoprofen or Gabapentin are not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Lidocaine HCL/Ketoprofen/Gabapentin (2/20/15) is/was not supported by Guidelines and is/was not medically necessary.