MAXIMUS Federal Services

Case Number:	CM15-0085086		
Date Assigned:	05/07/2015	Date of Injury:	07/08/2003
Decision Date:	06/10/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/04/2015

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, Pain Management

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 07/08/2003. The injured worker was diagnosed with post lumbar laminectomy syndrome and opioid dependence with elevated liver enzymes. The injured worker is status post anterior and posterior L4 through S1 fusion in June 2008 and spinal cord stimulator (SCS) trial in January 2013 with removal of leads 5 days later due to lack of benefit. Treatment to date includes diagnostic testing, conservative measures, physical therapy, lumbar epidural steroid injection, trial spinal cord stimulator (SCS), and medications. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience chronic mid to low back pain and left knee pain. The injured worker rates her pain level at 4-5/10 with medications and 10/10 without medications. A pain contract is in place and the injured worker adheres to the guidelines. Examination of the lumbar spine demonstrated mild tenderness to palpation over the lumbar paraspinous musculature from L4-S1 with negative twitch response and decreased range of motion. The examination noted a negative straight leg raise bilaterally with decreased motor weakness in the extensor hallucis longus bilaterally with hyperesthesia in the S1 dermatome and reduced Achilles reflex bilaterally. Current medications are listed as Methadone for base line pain control, Oxycodone IR 30mg for breakthrough pain and Neurontin for neuropathic lower extremity pain. Treatment plan consists of scheduling the authorized Electrocardiogram (EKG), continue current medication regimen with the current request for a trial of KGL (Ketoprofen, Gabapentin and Lidocaine) cream G.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of KGL Cream 360g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113.

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

Decision rationale: With regard to a trial of ketoprofen, gabapentin, and lidocaine topical cream, the MTUS pages 111-3 are referenced. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical gabapentin is recommended as not medically necessary, as is the KGL cream.