

Case Number:	CM14-0116685		
Date Assigned:	09/16/2014	Date of Injury:	09/23/2007
Decision Date:	10/27/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year-old female with date of injury 09/23/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/09/2014, lists subjective complaints as thoracic pain which radiates down to the lumbar spine. Objective findings: Examination of the thoracic spine revealed tenderness to palpation of the paraspinal musculature of the mid thoracic spine over the facet joints, starting around T8-T9 and extending down the lumbosacral junction. She also has midline pain over the spinous processes from about T8 to the upper lumbar spine. Diagnosis: 1. Thoracolumbar back sprain. The medical records provided for review document that the patient had been prescribed the following medication for at least one month prior to the request for authorization on 06/09/2014. Medications: 1. Topical Cream- Gabapentin 10%, Ketoprofen 10%, Lidocaine 6%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical-Gabapentin 10%, Ketoprofen 10%, Lidocaine 6%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. This request is not medically necessary.