

Case Number:	CM14-0161991		
Date Assigned:	10/07/2014	Date of Injury:	06/08/2011
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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:

According to the records made available for review, this is a 53-year-old male with a 6/8/11 date of injury. At the time (8/27/14) of request for authorization for KGL cream, #240 grams, there is documentation of subjective (chronic neck pain with muscle spasms radiating to the left upper extremity with numbness and weakness) and objective (tenderness to palpation over the left paracervical spinous musculature with muscle spasms and trigger bands, decreased cervical range of motion, positive Spurling's sign, and hypesthesia in the left C6-7 dermatomes) findings, current diagnoses (cervical spine sprain/strain with stenosis, left upper extremity radicular symptoms, and left shoulder tendinosis), and treatment to date (Ibuprofen, Tramadol, compounded topical cream, physical therapy, injections, and acupuncture). Medical report identifies a request for KGL compounded cream consisting of Ketoprofen 15%, Gabapentin 10%, and Lidocaine 10%, #240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL (Ketoprofen 15%, Gabapentin 10%, and Lidocaine 10%) Cream, #240 grams:
Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with stenosis, left upper extremity radicular symptoms, and left shoulder tendinosis. IN addition, there is documentation of a request for KGL compounded cream consisting of Ketoprofen 15%, Gabapentin 10%, and Lidocaine 10%, #240 grams. However, the requested compounded medication consists of at least one drug (Ketoprofen, Lidocaine, and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for KGL Cream, #240 grams is not medically necessary.