

Case Number:	CM14-0212047		
Date Assigned:	01/02/2015	Date of Injury:	09/02/2008
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 72-year-old man who sustained a work-related injury on September 2, 2008. Subsequently, the patient developed chronic low back pain. According to a progress report dated November 21, 2014, the patient continued to complain of pain to the low back affecting the lower extremities. The pain travels posterolaterally down the lower extremities, left greater than right. The patient did experience a burning hot pain affecting the left leg. He also noted the pain radiates into the pelvic floor as well as into the testicles. The patient also continued to note problems with his bowel and bladder. The patient rated the level of his pain as a 5/10 with medication and 10/10 without medication. The patient received a left L3-L4 and L4-L5 transforaminal epidural steroid injection on September 5, 2012 with 80% improvement of right lower extremity symptoms for 8 weeks. The patient also had a history of prostate cancer diagnosed 3 years ago and had completed treatment. The patient had signed an opioid agreement. He remained compliant with those terms. He demonstrated no drug-seeking behavior. His UDS demonstrated compliance with prescribed medications. Physical examination revealed decreased lumbar lordosis and scoliosis. The patient had tenderness to palpation over the bilateral lumbar musculature from L1 to S1. Lumbar spine range of motion was limited with flexion at 20 degrees, extension 10 degrees, right lateral flexion 20 degrees, and left lateral flexion 20 degrees. The patient had positive straight leg raise bilaterally at 30 degrees. Muscle testing: anterior tibialis, left 4/5 and right 3/5; peroneus longus/brevis, left 4/5 and right 3/5; and extensor hallucis longus, left 4/5 and right 4/5. Sensory exam revealed hypesthesia bilaterally in L4, L5, and S1 dermatomes. Patellar reflex was 1+ left, right 0 to 1+ and Achilles 0 to 1+ bilaterally. The patient

was diagnosed with ongoing low back pain and lower extremity pain, lumbar radiculopathy left greater than right lower extremity, lumbar sprain/strain with multilevel degenerative changes, episodic bowel and bladder incontinence, and depression secondary to chronic pain. The provider requested authorization for topical compound cream Ketoprofen/Gabapentin/Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream, KGL #240 grams times 1 refill: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for Ketoprofen/Gabapentin/Lidocaine cream is not medically necessary.