

Case Number:	CM14-0212095		
Date Assigned:	01/02/2015	Date of Injury:	02/23/1998
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 patient is a 66 year old female who was injured on 2/23/1988. The diagnoses are cervical spondylosis, thoracolumbar neuritis, brachial neuritis, headache, lumbago neck and low back pain. There are associated diagnoses of depression and anxiety disorder. The patient completed Physical therapy. On 11/19/2014, [REDACTED] noted subjective complaint of headache, neck and low back pain. The pain score was noted to be 4/10 with medications but 9/10 without medications. There were objective findings of tenderness to palpation of the cervical and lumbar paraspinal muscles. The range of motion was decreased. The reflexes and provocative test was normal. There was decreased sensation along L5-S1 dermatomes. The medications listed are Norco, Lexapro and gabapentin. A Utilization Review determination was rendered on 12/8/2014 recommending non certification for ketoprofen, gabapentin, lidocaine (KGL) cream #240 G.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin and Lidocaine KGL cream #240 g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain such as CRPS or herpes zoster. The patient was diagnosed with musculoskeletal pain located in several body regions. There is no documentation of failure of first line medications. The patient is also utilizing oral formulation of gabapentin in addition to the topical gabapentin. The criteria for the use of Ketoprofen, Gabapentin, Lidocaine (KGL) were not met.