

Case Number:	CM14-0215659		
Date Assigned:	01/05/2015	Date of Injury:	08/18/2009
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/23/2014

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: Colorado

Certification(s)/Specialty: Preventive Medicine, Occupational 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 worker is a 31-year-old male who was injured on August 18, 2009, sustaining low back pain after installing Marble slaps. The worker underwent a lumbar fusion in August 2011 and subsequent hardware removal in May of 2013. The worker has been treated with medications, physical therapy, and epidural steroid injections. The worker received an epidural steroid injection on October 14, 2014 and noticed a decreased throbbing pain in his thigh, however did not obtain 50% relief. There is documentation of improvements with long-acting morphine and Norco. As of October 14, 2014 there were continued complaints of low back pain radiating into the right lower extremity and feet, with a jolting electrical pain in the buttocks and posterior thighs, as well as constipation secondary to pain medications improve the Senokot. Examination findings included myofascial tenderness of the lumbar spine, no spasm, flexion to 30 degrees, positive straight leg raise on the right to 35 degrees and left to 45 degrees. There is decreased sensation over the right L4 and L3 bilateral dermatomes as well as L5 and S1. Diagnoses include chronic severe low back pain status post anterior and posterior fusion at L4-5 and L5-S1 on August 8, 2011 followed by hardware removal on March 22, 2013; chronic right L5 radiculopathy per EMG; central and neural foraminal lumbar stenosis that L2 through L4, T12 through L1, with degenerative disk disease and disk herniation. Treatment includes extended release morphine, Norco, Senokot, and a continuation of Ketoprofen-gabapentin-lidocaine compounded Rub for treatment of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL cream quantity 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments, Lidoderm (lidocaine patch), pages 56, 57 and Topical Analge.

Decision rationale: According to the MTUS many topical agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Ketoprofen, the MTUS provides that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The MTUS does not recommend topical gabapentin because there is no peer-reviewed literature to support use. This topical preparation contains one or more agents that are not recommended and therefore, the request for this specific topical preparation is not considered medically necessary or appropriate.