

Case Number:	CM14-0216365		
Date Assigned:	01/06/2015	Date of Injury:	01/18/2010
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a patient with a date of injury of 1/18/10. A utilization review determination dated 11/25/14 recommends non-certification/modification of KGL compounded rub. 10/29/14 medical report identifies neck and low back pain. On exam, there is tenderness, limited ROM, weakness right peroneus longus/brevis 4/5 and right EHL 4/5, decreased sensation right L5 and S1, and absent Achilles' reflex on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL (Ketoprofen, Gabapentin and Lidocaine) Compounded rub 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Regarding the request for ketoprofen/gabapentin/lidocaine compounded rub, CA MTUS states that topical compound medications require guideline support for all

components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for “Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use.” Topical ketoprofen is “not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis.” Topical lidocaine is “Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).” Additionally, it is supported only as a dermal patch. Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested ketoprofen/gabapentin/lidocaine compounded rub is not medically necessary.