

Case Number:	CM14-0217720		
Date Assigned:	01/07/2015	Date of Injury:	04/29/2011
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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:

This 36 year old female sustained an injury on April 29, 2011. The mechanism of injury was not included in the provided medical records. Past treatment included physical therapy, right knee partial meniscectomy 2011, transforaminal epidural steroid injection on August 26, 2014 with 60% decrease in lower back and left lower extremity pain, knee injection, and medications included pain, muscle relaxant, topical non-steroidal anti-inflammatory, and anti- epilepsy medications - Lyrica for the treatment included pain. On September 26, 2014, the treating physician noted continuing symptomatic lower back and left lower extremity pain, which had decreased in intensity, and continuing right knee pain. The injured worker's pain was 3/10 on the VAS (visual analogue scale) with the use of medications and 9/10 without medications. The physical exam revealed a non-antalgic gait, no severe tenderness to palpation of the lumbar spine, myofascial tenderness over the L5-S1 junction. The lumbar spine range of motion was mildly decreased, negative straight leg raise, mildly decreased muscle strength of the bilateral hip flexors and peroneus longus brevis, improved sensation to light touch in the distal bilateral lower extremities, and the patellar reflex was trace on the left and 1+ on the right, and the Achilles reflex was 1+ on the right and 2+ on the left. Diagnoses were lumbar spine sprain/strain - left posterolateral protrusion with mild left neuroforaminal and lateral recess narrowing with posterior displacement of left traversing S1 nerve root per MRI of May 29, 2012, right L5 and possibly S1 radiculopathy per EMG (electromyography)/NCV (nerve conduction velocity) study of August 2, 2012, right knee internal derangement status post partial meniscectomy, and patellar chondromalacia. The physician recommended starting to taper pain medication, continuing the

topical non-steroidal anti-inflammatory and anti-epilepsy medications, and a random urine drug screen. Current work status was not included in the provided medical records. On December 12, 2014, Utilization Review non-certified a prescription KGL Cream #240g requested on November 24, 2014. The KGL Cream was non-certified based on the lack of (Food and Drug Administration) support for topical use of the ketoprofen, which has an extremely high incidence of photo contact dermatitis, and gabapentin. There was no documentation of localized peripheral neuropathic pain to support the use of Lidocaine. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Topical Analgesics was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL Cream #240g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Compound products Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Topical compound products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The diagnoses are lumbar neuropathy and musculoskeletal joints pain. The records show that the patient is utilizing oral anticonvulsant - Lyrica concurrently. The KCL cream contains ketoprofen, gabapentin and lidocaine. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guidelines support for the use of gabapentin in topical formulation. The chronic use of topical ketoprofen is associated with a high incidence of photosensitive dermatitis. The criteria for the use KCL cream 240 grams was not met.