

Case Number:	CM15-0003035		
Date Assigned:	01/14/2015	Date of Injury:	01/18/2010
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker (IW) is a 42 year old female, who sustained an industrial injury on January 18, 2010. She has reported low back, hip buttock and upper back pain and was diagnosed with multilevel cervical degenerative disc disease, lumbar degenerative disease, right upper extremity radiculopathy, right lumbar radiculopathy and acne secondary to steroid injections. Treatment to date has included physical therapy, acupuncture, oral pain medications, radiographic imaging, diagnostic studies, epidural steroid injections (ESI), psychological evaluation, antipsychotic medications and chiropractic care. Currently, the IW complains of pain over the cervical and lumbar spine with associated muscle tightness and tingling affecting the right side of the neck and the low back. The IW reported a work related injury in 2010. Since the injury, physical therapy, acupuncture, ESI, chiropractic care and pain medications were initiated. She noted improvement with medications. On examination on July 16, 2014, she reported continued pain as previously described. It was noted the IW reported a slight improvement after the completion of physical therapy. Continuation of a home exercise plan was recommended. Tramadol was ordered. She reported Tramadol was effective but did not last long enough. It was noted at this time magnetic resonance imaging was actually improved. A trial of Robaxin was ordered. On September 12, 2014, the symptoms continued although were not noted as severe. Robaxin was discontinued. Omeprazole was continued for stomach upset. She reported urinary disorders and on October 4, 2014, was diagnosed with cystocele, stress incontinence, urinary frequency, neurogenic bladder and nocturia. It was noted this was related to a continuous injury from July 25, 2007 through February 9, 2010 secondary to working as a witness. On December 11, 2014,

Utilization Review non-certified a request for ketoprofen, gabapentin and lidocaine compound rub 240 grams, noting the MTUS, ACOEM Guidelines were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of requested ketoprofen, gabapentin and lidocaine compound rub 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin and Lidocaine compounded rub 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen, and Gabapentin, Lidocaine compound rub #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical ketoprofen is not FDA approved for topical use. Topical gabapentin is not recommended. Topical lidocaine in non-Lidoderm form is not clinically indicated for topical use. In this case, the injured worker's working diagnoses are multilevel cervical DDD at C3-C4 and C4-C5; right upper extremity radiculopathy; multilevel lumbar and disc protrusions; right L4 radiculopathy per EMG 4/1/2010; acne secondary to multiple ESI; and stress urinary incontinence. Subjectively, the injured worker complains of neck and low back pain. She has right upper extremity symptoms after lifting. The VAS score is 4 - 5/10 with medications and 9/10 without medications. Objectively, the injured worker has cervical paraspinal muscle tenderness. Motor strength is 5/5 in all major muscle groups. There is no neurologic deficit present. Any compounded product that contains at least one drug (topical ketoprofen-not FDA approved, topical gabapentin and topical lidocaine and non-Lidoderm form) that is not recommended is not recommended. Consequently, Ketoprofen, Gabapentin, and Lidocaine compound is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Ketoprofen, Gabapentin and Lidocaine compound rub #240 g is not medically necessary.