

Case Number:	CM15-0016740		
Date Assigned:	02/05/2015	Date of Injury:	09/08/2009
Decision Date:	03/24/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 is a 70 year old male, who sustained an industrial injury on September 8, 2009. he has reported constant chronic back pain for over ten years. The diagnoses have included thoracic or lumbosacral neuritis, unspecified, lumbar intervertebral disc without myelopathy, lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain medication, conservative therapies and lifestyle modifications. Currently, the IW complains of ongoing chronic back pain. The injured worker reported an industrial injury at an earlier date, in 2009 and in 2011 and reported chronic, severe pain for over ten years. He reported working as a surgical technician and slipping and falling on lubricant and surgical equipment. On January 13, 2015, evaluation revealed continued severe pain. He reported benefit with physical therapy however the pain had returned. Surgical intervention was recommended, pain medication was adjusted and renewed and an opioid agreement was discussed. On January 23, 2015, Utilization Review non-certified a request for Ketoprofen 10%, Lidocaine 5%, Gabapentin6%, Amitriptyline 2%, apply 2-4 pumps (1-2 gms) to affected area 3-4 times daily #240 gm per RFA, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of requested Ketoprofen 10%, Lidocaine 5%, Gabapentin6%, Amitriptyline 2%, apply 2-4 pumps (1-2 gms) to affected area 3-4 times daily #240 gm per RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Lidocaine 5%, Gabapentin 6%, Amitriptyline 2%, apply 2-4 pumps (1-2 gms) to affected area 3-4 times daily #240 gm per RFA dated 1/14/15: 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 Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. As such, the request for ketoprofen, lidocaine, gabapentin, amitriptyline is not medically necessary and the original UR decision is upheld.