

Case Number:	CM15-0110854		
Date Assigned:	06/17/2015	Date of Injury:	08/02/2010
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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, Massachusetts

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 injured worker is a 56 year old male, who sustained an industrial injury on 8/2/10. The injured worker was diagnosed as having L4-5 disc protrusion with lateral recess stenosis, rule out meralgia paresthetica, and status post L2-3 lumbar decompression. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of back pain with radiation to the left thigh. The treating physician requested authorization for compound Ketoprofen/Gabapentin/Bupivacaine/Baclofen/Cyclobenzaprine #300 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Ketoprofen/Gabapentin/Bupivacaine/Baclofen/Cyclobenzaprine #300 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine and gabapentin are not recommended as a compounded agent as it can be safely taken orally. There is also no evidence that topical cyclobenzaprine and gabapentin penetrate the dermal layer and provide clinically significant internal dose. Consequently, continued use of the above listed compounded agent is not medically necessary at this time.