

Case Number:	CM15-0112579		
Date Assigned:	06/26/2015	Date of Injury:	02/28/2002
Decision Date:	07/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 59 year old female who sustained a work related injury February 28, 2002. Past history included s/p L4-L5 and L5-S1 fusion; pulmonary embolism; s/p implantation of intrathecal pump, January 17, 2013, s/p explanation of intrathecal pump and catheter July 2, 2014, s/p implantation of intrathecal drug delivery system February 2, 2015. According to a treating physician's progress report dated May 20, 2015, the injured worker returns for a follow-up complex pain management consultation. She continues to receive Morphine through her pump. She has reduced her use of Norco to approximately two per day for breakthrough pain. Her pump is currently delivering Morphine and Bupivacaine with a dose of 1.3mg of Morphine per day and 1.3mg of Bupivacaine per day. She has discontinued oral Oxycontin. She continues to experience low back pain with right lower extremity sciatic pain. There is burning electrical lancinating type pain primarily in both feet and legs and issues remain with bladder incontinence. Current medication included Norco, Prilosec, Senokot, Ambien CR, Effexor, Xanax; Lidoderm patch, Lyrica, Tizanidine, and Uroxatral. Diagnoses are chronic low back and lower extremity pain; T11-T12 4-5mm left paracentral disc herniation; left greater trochanter bursitis. Treatment plan included routine refill of intrathecal pump, continue Norco, await urology follow-up, and at issue, the request for authorization for Ketoprofen/Gabapentin/Lidocaine compound rub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/gabapentin/lidocaine compound rub #240g: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Ketoprofen/gabapentin/lidocaine compound rub #240g is not medically necessary.