

Case Number:	CM15-0113705		
Date Assigned:	06/22/2015	Date of Injury:	02/04/2006
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/12/2015

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, North Carolina
 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 February 4, 2006. He has reported severe low back pain and has been diagnosed with lumbar spondylosis with radiculopathy with chronic left L4 and S1 and right L5 radiculopathy moderately severe acute and chronic left L5 radiculopathy, chronic severe low back pain with L4-L5 grade I spondylolisthesis and moderate to severe facet disease at L4-L5 and L5-S1, and bilateral hip and knee pain. Treatment has included injections, physical therapy, medications, and acupuncture. There was bilateral cervical paraspinous tenderness with + 2 palpable muscle spasm present. There was bilateral lumbar paraspinous tenderness. The treatment request included topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGCMC cream (Ketoprofen, Gabapentin, Camphor, Menthol, Capsaicin) #240 grams:
 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 analgesics Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested product contains Ketoprofen, an NSAID that is not FDA approved for topical use. Topical NSAIDs are recommended for osteoarthritis and tendinitis, but not recommended for neuropathic pain, as this patient has. Gabapentin is not recommended for topical use. Camphor and menthol are not addressed. Capsaicin is recommended as an option in patients who have not responded or are intolerant of other treatments. Thus, the compounded product containing the above 5 agents is not medically necessary or appropriate.