

Case Number:	CM15-0115434		
Date Assigned:	06/23/2015	Date of Injury:	01/22/2007
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 39 year old female, who sustained an industrial injury on 01/22/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having rule out displacement of cervical intervertebral disc without myelopathy, status post two level decompression without fusion with instability, cervical radiculopathy, displacement of the lumbar intervertebral disc without myelopathy, lower body pain with bilateral radiculopathy, rule out lumbar facet joint syndrome/hypertrophy, myalgia/ fibromyalgia, insomnia, and status post lumbar laminectomy syndrome lumbar spondylosis. Treatment and diagnostic studies to date has included laboratory studies above noted procedure, magnetic resonance imaging and x-rays of the lumbar spine, use of an interferential unit, hot and cold therapy, use of a lumbar support, multiple epidural steroid injections, and medication regimen. In a progress note dated 12/06/2012 the treating physician reports the injured worker to be in acute distress with complaints of significant back pain. Examination reveals decreased lumbar range of motion. Documentation from 10/10/2012 noted the medication regimen of Vicodin, Omeprazole, Temazepam, and Zanaflex. The treating physician also prescribed the medications of Ketoprofen/Lidocaine/Dexamethasone and Amitriptyline/Dextromethorphan/Tramadol. On 10/10/2012 the treating physician noted the injured worker to have a pain level of a 7 on a scale of 0 to 10 and indicates that the injured worker's pain level decreases with the use of her medication regimen, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the

use of the injured worker's medication regimen Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested the compound medications of Gabapentin/Ketoprofen/Lidocaine and Ketoprofen/Menthol/Capsaicin/Camphor crystals for back and left arm pain, but the documentation did not indicate the specific reasons for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Gabapentin/Ketoprefen/Lidocaind for back and left arm pain:

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 compounded meds Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of anti-depressants and anti-convulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. As the records do not indicate specific anti-depressants and anti-convulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.

Compound medication Ketoprofen/Menthol/Capsaicin/Camphor crystals for back and left arm pain: 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.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of anti-depressants and anti-convulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. As the records do not indicate specific anti-depressants and anti-convulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.