

Case Number:	CM15-0121517		
Date Assigned:	07/02/2015	Date of Injury:	02/16/2011
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, Michigan

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 65 year old female who sustained an industrial injury on 02/16/2011 resulting in pain/injury to the low back due to cumulative trauma. Treatment provided to date has included: lumbar laminectomy surgery; acupuncture (28+ sessions); medications (tramadol, Vistaril, meloxicam, Prilosec, Metamucil and oxycodone); and conservative therapies/care. Diagnostic testing was not provided or discussed. There were no noted comorbidities or other dates of injury noted. On 05/29/2015, physician progress report noted complaints of low back pain and bilateral leg pain. The pain was rated 7/10 in severity, and was described as constant, radiating, achy, shooting, numbing, dull, and cramping. Additional complaints included anxiety, depression, stress, and inability to sleep. Current medications include meloxicam, Prilosec, Metamucil and oxycodone (prescribed by a different physician). The report states that acupuncture, ice packs, and medications have been helpful. The physical exam revealed an elevated blood pressure, decreased and painful range of motion (ROM) in the lumbar spine, diffuse tenderness to palpation of the lumbar region, and muscle spasms in the lumbar area. The provider noted diagnoses of lumbosacral strain/sprain (stable), lumbar post laminectomy syndrome (stable), lumbar radiculopathy (stable), and chronic pain syndrome. Plan of care includes continued use of electrical stimulation at home, trial of myofascial release for the lumbar spine, trial of topical cream to be applied to the low back, refills on current medications, and follow-up in 4-6 weeks. The injured worker's work status remained permanent and stationary. The request for authorization and IMR (independent medical review) includes: topical cream Ketoprofen/gabapentin/camphor/menthol/capsaicin #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream Keto/Gaba/Camphor/Menthol/Capsaicin cream #360: Upheld

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

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

Decision rationale: According to the MTUS, Topical Analgesic are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and absorption of the drug depends on the base it is delivered in. In this case, Ketoprofen is not FDA approved for topical application as outlined in the MTUS guidelines. Additionally, gabapentin is not recommended as there is no peer-reviewed literature to support its use. Furthermore, the specific formulation dosage for the compound was not provided; therefore making this an invalid request. As a result the topical cream consisting of Ketoprofen, gabapentin, camphor, menthol and capsaicin is not medically necessary.