

Case Number:	CM15-0124225		
Date Assigned:	07/08/2015	Date of Injury:	02/23/2012
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female who sustained an industrial injury on 2/23/12 from a lifting incident involving the low back. She experienced low back and left leg pain. She was medically evaluated, given medications and physical therapy, which did not help. She currently complains of low back pain radiating down the bilateral lower extremities with a pain level of 9/10 without medications and 8/10 with medications; left more than right knee pain (6/10 with medications). On physical exam of the lumbar spine and lower extremities there was palpable tenderness over the buttocks bilaterally, positive straight leg raise is positive bilaterally in lower extremities in L4 and S1 dermatomes. Medications are Fexmid, Protonix, Ulytram, Anaprox, Norco, gabapentin, iron tablets, Lexapro, doc-q-lax. Diagnoses include chronic depression; lumbar degenerative disc disease; lumbar stenosis; lumbar arthropathy; bilateral knee pain; chronic intractable pain; status post bilateral L4-5 laminotomy, transforaminal lumbar interbody fusion with foraminotomy and repair of dural tear (3/16/15). Treatments to date include medications; epidural steroid injections; psychiatric evaluation. Diagnostics include MRI of the cervical spine (3/23/12) abnormal; MRI of the lumbar spine (3/23/12) abnormal; lumbar spine x-ray (4/17/14) abnormal. On 6/12/15 the Utilization Review evaluated request for gabapentin 100% 180 gm (per 6/22/12); Penderm 180 gm (per 6/22/12); Ketoprofen 100% 180gm per 11/13/12 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% 180 Gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains Gabapentin, a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Gabapentin 100% 180 gm is not medically necessary.

Penderm 180 Gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management. Therefore, the request for Penderm 180 gm is not medically necessary.

Ketoprofen 100% 180 Gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains Ketoprofen, a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Ketoprofen 100% 180 gm is not medically necessary.