

Case Number:	CM15-0126901		
Date Assigned:	07/13/2015	Date of Injury:	10/23/2013
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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 34 year old male, who sustained an industrial injury on 10/23/13. Initial complaints were not reviewed. The injured worker was diagnosed as having right lumbar radiculopathy. Treatment to date has included physical therapy; TENS unit; LSO back brace; medications. Diagnostics studies included MRI lumbar spine (2/11/15). Currently, the PR-2 notes dated 5/28/15 indicated the injured worker complains of continued severe right lumbar radiculopathy. He continues to work light-duty capacity but he is unhappy with his progressive symptoms. Neurodiagnostic testing has been denied as well as interventional pain management. On physical examination the provider documents diffuse tenderness and positive straight leg raising on the right at 45 degrees. He has hypesthesia in the S1 distribution. His diagnosis on this date is persistent right lumbar radiculopathy secondary to L4-5 and L5-S1 disc protrusion. The MRI of the lumbar spine report dated 2/11/15 concludes the development of disc desiccation and minimal disc space narrowing at L5-S1 since the prior study from March 2014. There is a shallow broad-based disc bulge at L5-S1, but no associated stenosis. The report notes a shallow broad -based disc bulge at L4-L5 as unchanged and no new focal disc protrusion or extrusion. The treatment plan included plans for trial lumbar epidural steroid injection at L4-5 and L5-S1 and neurodiagnostic studies. The provider is requesting authorization of Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, 2% Cyclobenzaprine, 2% Clonidine 0.2% and hyaluronic acid 2% 300gm x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, 2% Cyclobenzaprine, 2% Clonidine 0.2% and hyaluronic acid 2% 300gm x 3 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine or baclofen, as a topical product. As at least one of the medications included in this compounded medication is not recommended per the guidelines, the request for Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, 2% Cyclobenzaprine, 2% Clonidine 0.2% and hyaluronic acid 2% 300gm x 3 refills is determined to not be medically necessary.