

Case Number:	CM15-0172570		
Date Assigned:	09/14/2015	Date of Injury:	04/22/2013
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 66 year old female who sustained an industrial injury on 04-22-13. A review of the medical records indicates the injured worker is undergoing treatment for left lumbar radiculopathy secondary to L4-5 disc herniation, lumbar degenerative disc disease, and L2-3 left foraminal disc protrusion. Medical records (07-01-15) reveal the injured worker complains of "severe low back pain with left lumbar radicular pain that is progressively worse." She is unable to bend, stoop, or lift and has difficulty sitting, as well as numbness and weakness in the left lower extremity. The physical exam (07-01-15) reveals diffuse tenderness to the left of midline in the lower lumbar area. Treatment has included medications. The treating provider indicates the lumbar spine MRI (09-03-13) showed disc desiccation at L4-5 with a left sided L2-3 disc protrusion, as well as disc degeneration at L3-S1. The original utilization review (08-03-15) non certified a compound of ketoprofen, gabapentin, bupivacaine, baclofen, cyclobenzaprine, clonidine, and hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2% Clonidine 0.2%, Hyaluronic Acid 2%, 300 grams Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CMPD ketoprofen 10%, gabapentin 6%, bupivacaine 5%, baclofen 2%, cyclobenzaprine 2%, clonidine 0.2%, hyaluronic acid 2% in 300 g, with three refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left lumbar radiculopathy secondary to L4-L5 disc herniation; lumbar degenerative disc disease; remote history of lumbar surgery; and L2- L3 left foraminal disc protrusion. Date of injury is January 22, 2013. Request for authorization is July 28, 2015. According to an initial orthopedic evaluation dated July 1, 2015, subjective complaints include severe low back. Objectively, there is tenderness, decreased range of motion, spasm and positive straight leg raising. The cream is to be applied t.i.d. Topical cyclobenzaprine is not recommended. Topical baclofen is not recommended. Topical ketoprofen is not FDA approved for topical use. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine, baclofen, ketoprofen and gabapentin) that is not recommended is not recommended. Consequently, CMPD ketoprofen 10%, gabapentin 6%, bupivacaine 5%, baclofen 2%, cyclobenzaprine 2%, clonidine 0.2%, hyaluronic acid 2% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, CMPD ketoprofen 10%, gabapentin 6%, bupivacaine 5%, baclofen 2%, cyclobenzaprine 2%, clonidine 0.2%, hyaluronic acid 2% in 300 g, with three refills is not medically necessary.