

Case Number:	CM15-0177898		
Date Assigned:	09/18/2015	Date of Injury:	03/06/2007
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 3-6-07. The injured worker was diagnosed as having lumbar strain; lumbosacral neuritis or radiculitis; trochanteric bursitis; sciatica. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4-25-14 indicated the injured worker was in this office as a follow-up visit for his work related injuries. The provider documents "The patient presents with ongoing pain in the lower back. It radiates down the leg. The patient describes his pain as sharp. The patient was asked to rate his pain on a scale of 1-10 with 0 being no pain and 10 being the worst pain imaginable. He rates it at 7 out of 10 at its worst in the past week. At its best in the last week, it was 4 out of 10. On average throughout the past week, it was 6 out of 10. The pain is constant, lasting throughout the day, all day. It is exacerbated by activity. It is relieved by resting. Associated symptoms include numbness." The provider lists his current medications as: Lidoderm 5% patch, Tramadol HCL 50mg, Docusate Sodium 100mg, Biofreeze, Omeprazole DR 20mg, and Simvastatin 10mg on physical examination, the provider documents: Lumbar spine: forward flexion 50 degrees, extension 20 degrees, lateral bending to the left 20 degrees, lateral bending to the right 20 degrees, rotation to the left 10 degrees, rotation to the right 10 degrees. Hips forward flexion left 130 degrees, forward flexion right 120 degrees, extension left 10 degrees, extension right 10 degrees, abduction left 40 degrees, abduction right 30 degrees, internal rotation left 30 degrees, internal rotation right 20 degrees, extremal rotation left 40 degrees, external rotation right 20 degrees. The provider also notes decreased sensation to light touch noted in the throughout the left lower extremity. The provider's treatment plan includes a

request for medications. He notes the injured worker has hypoesthesias and weakness of the left lower extremity with persistent lower back pain with radicular pain down the legs. The injured worker wanted to discuss his medication options as any medications he has tried causes his stomach upset and makes his gastric reflux worse. He was prescribed omeprazole by his PCP and he reports that "this helps with gastric issues, but causes a side effect of increased muscle pain". He was advised to talk with his PCP to explore other options. In the meantime, the provider notes, "we will try a topical option of the Ketoprofen-Gabapentin-Lidocaine compound cream, which he can apply up to twice a day". A Request for Authorization is dated 9-9-15. A Utilization Review letter is dated 8-11-15 and non-certification was for retrospective Topical Ketoprofen, Gabapentin, and Lidocaine (date of service: 4-25-14). Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines - Chronic Pain, pages 111-113. The provider is requesting authorization of Retrospective Topical Ketoprofen, Gabapentin, Lidocaine (date of service: 4-25-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Topical Ketoprofen, Gabapentin, Lidocaine (DOS: 4/25/14): 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 rationale: The patient presents with pain in the lower back. It radiates down the left leg. The request is for RETROSPECTIVE TOPICAL KETOPROFEN, GABAPENTIN, LIDOCAINE (DOS: 4/25/14). The request for authorization is not provided. Physical examination of the lumbar spine reveals reduced range of motion. Decreased sensation to light touch noted throughout the left lower extremity. Patient's medications include Lidoderm Patch, Tramadol, Docusate Sodium, Biofreeze, Omeprazole, and Simvastatin. Per progress report dated 04/25/14, the patient is P&S and medically disabled. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treafter does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Furthermore, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request WAS NOT medically necessary.