

Case Number:	CM15-0090816		
Date Assigned:	05/15/2015	Date of Injury:	10/09/2000
Decision Date:	06/22/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55-year-old female who sustained an industrial injury on 10/09/2000. Current diagnoses include lumbar spondylosis with myelopathy and lesion of sciatic nerve. Previous treatments included medication management, acupuncture, and spine surgery. Report dated 04/02/2014 noted that the injured worker presented with complaints that included lumbar spine pain. Pain level was not included. Physical examination was positive for lumbar tenderness, Kemp's test was positive bilaterally, straight leg raise was positive on the right, Yeoman's was positive on the right, Braggard's was positive on the right, L5 dermatome was decreased on the right to light touch, and S1 dermatome was decreased on the right. The treatment plan included awaiting pending extension of acupuncture, and prescribed topical compound and glucosamine/chondroitin supplement. Disputed treatments include retrospective lidocaine/ketoprofen/gabapentin (DOS: 3/6/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Lidocaine/Ketoprofen/Gabapentin (DOS: 3/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine and Topical Analgesics Page(s): 56-57 and pages 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anti-seizure (gabapentin), the anesthetic (lidocaine), and non-steroidal anti-inflammatory (NSAID; ketoprofen) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical gabapentin is not recommended because there is no solid literature to support its use. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed documentation did not include a discussion detailing extenuating circumstances that would support this use of this compound product in this setting. In the absence of such evidence, the current request for an indefinite supply of a compounded containing ketoprofen, gabapentin, and lidocaine at unspecified concentrations for the date of service 03/06/2015 is not medically necessary.