

Case Number:	CM15-0097673		
Date Assigned:	05/28/2015	Date of Injury:	10/02/2006
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, Illinois

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 52-year-old male, who sustained an industrial injury on October 2, 2006. He reported falling approximately ten feet off a scaffold, hitting concrete, with immediate low back pain. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculitis, and lumbar myofascial strain. Treatment to date has included 12 sessions of physical therapy, 3 sessions of acupuncture, x-rays, shoulder surgery, cortisone injections, and medication. Currently, the injured worker complains of low back pain that radiates into his bilateral lower extremities, with numbness and tingling in his bilateral feet. The Primary Treating Physician's report dated March 31, 2015, noted the injured worker reported his symptoms remained largely unchanged since previous visit, rating his pain as an 8/10 on the pain scale. The injured worker's current medications were listed as Ketoprofen cream, Naproxen, and Gabapentin. Physical examination was noted to show hypertonicity in the bilateral L3-S1 paraspinals, with tenderness to palpation of the right lumbar paraspinals and facet joints, and limited lumbar extension with pain. Facet loading was noted to be positive bilaterally, left greater than right. The treatment plan was noted to include proceeding with the scheduled bilateral lower extremity electromyography (EMG) on April 1, 2015, and requests for authorization for a medial branch block at L4-L5 and L5-S1 for facet arthropathy, diagnosis, and treatment, increasing the Gabapentin for radicular complaints, and naproxen Sodium, and continued Ketoprofen cream for use over paraspinals to reduce symptoms and need for oral medications and their side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The injured worker sustained a work related injury on October 2, 2006. The medical records provided indicate the diagnosis of lumbar facet arthropathy, lumbar radiculitis, and lumbar myofascial strain. Treatment to date has included 12 sessions of physical therapy, 3 sessions of acupuncture, x-rays, shoulder surgery, cortisone injections, and medication. The medical records provided for review do not indicate a medical necessity for Gabapentin 600 mg #120 with 1 refill. Gabapentin is an antiepilepsy drug. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The records indicate the injured worker has been on this medication on or before 01/2015, but there is no documented evidence the injured worker has had 30% reduction in pain. The request is not medically necessary.

Ketoprofen cream: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on October 2, 2006. . The medical records provided indicate the diagnosis of lumbar facet arthropathy, lumbar radiculitis, and lumbar myofascial strain. Treatment to date has included 12 sessions of physical therapy, 3 sessions of acupuncture, x-rays, shoulder surgery, cortisone injections, and medication. The medical records provided for review do not indicate a medical necessity for Ketoprofen cream. Ketoprofen cream is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Ketoprofen cream is not recommended as a topical analgesic, neither was there a documentation of failed treatment with the first line agents. The request is not medically necessary.