

Case Number:	CM13-0010710		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2008
Decision Date:	03/06/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Oncology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old injured worker who reported an injury on 06/01/2008. The patient is currently diagnosed as status post spinal cord stimulator placement with improved left complex regional pain syndrome. The patient was seen by [REDACTED] on 07/03/2013. The patient reported 9/10 pain. Physical examination revealed hypersensitivity to light touch from T1-5. Treatment recommendations included continuation of current medications, and a recommendation for Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, and Lidocaine 5% topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ointment With Ketamine/Baclofen/ CyclobenzaprineGabapentin/Lidocaine:
Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for localized peripheral pain after there has been evidence of a trial of first-line therapy with tricyclic or SNRI antidepressants or anticonvulsants. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. Muscle relaxants are also not recommended as there is no evidence for the use of any muscle relaxant as a topical product. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended as a whole. The request for topical ointment with Ketamine/Baclofen/Cyclobenzaprine Gabapentin/Lidocaine is not medically necessary and appropriate.