MAXIMUS Federal Services

Case Number:	CM13-0020847		
Date Assigned:	03/26/2014	Date of Injury:	01/18/2012
Decision Date:	06/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 55-year-old female who reported an injury on 01/18/2012 secondary to a fall. The injured worker was evaluated on 08/12/2013 for medication refills. The injured worker reported that the topical medications were helping her quite a bit with her neck pain. The exam is negative for any pertinent findings. The diagnoses included reflex sympathetic dystrophy of the upper limb and hand pain. The treatment plan included refills of medication and starting a compound cream. The request for authorization dated 08/12/2013 was found in the documentation provided, however, the rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM, KETAMINE/CLONIDINE//GABAPENTIN/AMITRIPTYLINE/MEFENAMIC ACID: Upheld

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

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

Decision rationale: The request for compound cream, Ketamine/Clonidine//Gabapentin/Amitriptyline/Mefenamic acid is not medically necessary. The California MTUS Guidelines state topical NSAIDs have been shown in meta-anlaysis to be superior to a placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. The Guidelines further state the use of topical Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical Ketamine has only been studied for use in non-controlled studies of CRPS 1 and post herpetic neuralgia and both have shown encouraging results. The use of topical Gabapentin is not recommended by the Guidelines as there is no peer reviewed literature to support its use. Furthermore, the Guidelines state any compound product that contains at least one drug or drug class that is not recommended is not recommended. There is a lack of clinical evidence of the efficacy of other treatments in the documentation provided. There is no indication of osteoarthritis in the documentation provided. Therefore, based on the documentation provided the request is not medically necessary.