

Case Number:	CM13-0025185		
Date Assigned:	11/20/2013	Date of Injury:	12/13/2011
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiologist, has a subspecialty in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 50-year-old female who reported an injury on 06/06/2011 when a racehorse was apparently spooked and swung its hind end around and in the process of jumping, stepped on the patient's foot. Subsequently, the patient was injured again on 12/13/2011 as she was walking through a muddy area and stepped on a concealed log which rolled out from under her feet causing her to fall backwards where she hit her head on the ground. She also injured her right elbow when it got caught underneath her back, twisting her shoulder and back as well as causing her neck to snap. After the injury to her foot, she had increased pain and was eventually diagnosed with a ganglion cyst. After her second injury, the patient experienced vomiting, and reported to her supervisor the following day and was diagnosed with a concussion and whiplash. Her shoulder was x-rayed and was deemed to be a sprain. The documentation dated 10/09/2013 states that the patient has been taking nortriptyline 10 mg, tramadol 50 mg, and has been using a cream on her feet, which she apparently requires. The physician is now requesting a compounded topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD - Ketamine (Anesthetic), Gabapentin (Anticonvulsant), Lidocaine/Prilocaine Cream (Analgesic), Diclofenac (NSAID), Amitriptyline (Antidepressant), Clonidine (Antihypertensive), Pluronic Gel, Type of Medication Topical Analgesic, QTY: 180 GMS, Refills: 04, Day's Supply: 30, NDC#: n/a: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, under the topical analgesics headline, it states that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. One of the ingredients, ketamine, is under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Furthermore, under the ketamine headline it states that this medication is not recommended, as there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. The patient has been utilizing an unnamed cream on her feet for some time; however, due to this medication including the ingredient ketamine, the requested service is not recommended under the California MTUS Guidelines for topical analgesics. Therefore, the request for CMPD - Ketamine (Anesthetic), Gabapentin (Anticonvulsant), Lidocaine/Prilocaine Cream (Analgesic), Diclofenac (NSAID), Amitriptyline (Antidepressant), Clonidine (Antihypertensive), Pluronic Gel, Type of Medication Topical Analgesic, QTY: 180 GMS, Refills: 04, Day's Supply: 30, NDC#: n/a is non-certified.